



**COMPLIANCE REPORT
FOR THE ABATEMENT OF
ASBESTOS CONTAINING MATERIALS
30 TRINITY STREET
HARTFORD, CONNECTICUT**

**Project No. 2B-06-40
DPW No. 19035**

Prepared for
State of Connecticut Department of Public Works
Hartford, Connecticut

Prepared by
TRC Environmental Corporation
Windsor, Connecticut

A handwritten signature in black ink, reading "Donald LePage", is written over a horizontal line.

Donald LePage
Project Manager

TRC Project No. 43500-5900-00003
May 3, 2007

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1.0 EXECUTIVE SUMMARY

TRC Environmental Corporation (TRC) of Windsor, Connecticut was retained by the State of Connecticut Department of Public Works (CTDPW) to provide project compliance and industrial hygiene services during the abatement of asbestos containing materials (ACM) conducted at the Secretary of Stae Building, 30 Trinity Street, Hartford, Connecticut. TRC conducted this work per DAS Contract 03PSX0346AE which is effective from May 7, 2004 to September 30, 2008. Asbestos abatement was necessitated in accordance with the U.S. Environmental Protection Agency (USEPA) Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) (40 CFR Part 61 Subpart M) as the building structure was scheduled for future renovation. The asbestos abatement contractor for the project was Petco Insulation Company, Inc. (Petco) of West Haven, Connecticut utilizing DAS Contract #03PSX0374AC. TRC was on site throughout the duration of the project to provide monitoring services.

The scope of work for the project, which took place from March 15 through March 26, 2007, involved the abatement of approximately 1410 square feet (SF) of asbestos containing floor tile and approximately 104 SF of asbestos containing cove base in Room 110. Written notification of the abatement activity was filed with the Connecticut Department of Public Health (CT DPH) by Petco ten days prior to the initiation of the abatement work. A copy of the notification was submitted by Petco to TRC. All work conducted by Petco was performed in compliance with OSHA's Occupational Exposure to Asbestos Standard, 29 CFR 1926.1101, the CT DPH Standards for Asbestos Abatement, 19a-332a-1 through 16, and the EPA's Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) 40 CFR Part 61 Subpart M. Petco is a licensed State of Connecticut Asbestos Abatement Contractor and all Petco employees performing work on this project were appropriately licensed, trained, and medically qualified to perform such work. Interior work on ACM floor tile/mastic and cove base was performed following a pre-approved CTDPH blanket Alternative Work Practice (AWP) with a negative pressure enclosure (NPE) consisting of

critical barriers, a single layer of 6-mil poly and contiguous decontamination system (AWP Scenario #2).

Air samples were collected during abatement activities to monitor airborne asbestos fiber emissions and were transferred using proper chain-of-custody records to TRC's Accredited Laboratory in Windsor, Connecticut and analyzed on-site by an AIHA Registered Asbestos Analyst from TRC for Phase Contrast Microscopy (PCM) analysis via the National Institute for Occupational Safety and Health (NIOSH) 7400 method. All asbestos air samples collected by TRC (inside and outside of the work areas) were found to be below the OSHA Permissible Exposure Level (PEL).

After abatement activities, the work areas were visually inspected by a TRC licensed Asbestos Project Monitor following ASTM Standard E1368-90 to ensure complete abatement. Further, reoccupancy asbestos clearance air sampling was conducted by TRC in the interior NPE work areas. The interior NPE reoccupancy clearance air samples were collected and analyzed on-site by an AIHA registered Asbestos Analyst from TRC using PCM analysis via the NIOSH 7400 method. The interior NPE work areas received a satisfactory visual inspection on March 23, had reoccupancy clearance air samples collected on March 26 and received acceptable reoccupancy clearance criteria air results on March 26, 2007.

The asbestos-containing waste generated during this project was containerized and labeled as asbestos waste in compliance with CTDEP/ CTDPH, OSHA, DOT and USEPA requirements. The waste was removed from the site in accordance with all state and federal disposal requirements, including the USEPA Asbestos NESHAP, and transported by TransWaste, Inc. of Cheshire, Connecticut to Modern Landfill of York, Pennsylvania where it was deposited. Approximately ten (9.63) cubic yards of asbestos waste were removed from the project site.

This concluded TRC's on-site efforts for this project. Refer to Section 2.0 for TRC's complete site log notes documenting all aspects of the project on a daily basis.

2.0 SITE LOGS

Site / Station CT DPW 30 Trinity St.
Hartford, CT

 Month / Year 3/07
 Project No 43520-1900-00003

Date	Time	Instrument and TRC ID	Comments	Initials
3/15/07	0700		TRC steps up at office to pick up equipment for job	SA
	0730		TRC / Peter supervision Peter Vaughn on-site Peter waiting for supply truck. TRC, SA / Peter's PV go to Room 110 where FT/Mastic removal is to be done. TRC/Peter get contractor badges.	SA
	0800		Peter supply truck on-site. Peter starts to unload truck	SA
	0830		Peter takes break	SA
	0840		DPW Dave Arste + Jim Garuti on-site. They are in charge of this job. TRC / DA + JB go over scope of job and talk about the concern of building employees. DA + JB talk about doing a tour tomorrow to show employees how a contained works. DA + JB + TRC talk to ORL (building maintenance contractor) about HVAC being shut down for Room 110. They inform us that the room has been isolated and shut down	SA
	0900		Peter supervision Peter Vaughn on-site and talks to DA + JB about getting blastrac here. DA + JB don't want Peter using too much of chemical mastic remover because of possible complaints from odor.	SA
	0945		DA + JB off-site. Peter starts to prep Rm 110. They are putting up window curtains	SA
	1030		Peter sets up + Starts rmg a-mastic	SA

Site / Station

 CT DPW - 30 Trinity Street
 Hartford, CT

Month / Year

3/07

Project No

43500-5900-00005

Date	Time	Instrument and TRC ID	Comments	Initials
3/16/07	0705		TRC / Petero on-site. Petero to continue with work prep of Rm 110. Petero mostly hanging poly on the walls this morning	SA
	0720		TRC starts to set up PCM air samples for the day	SA
	0800		Petero working on putting up walls and ceiling. All critical are in place	SA
	0900		Dave Anke + Marilyn from DPW on-site to see job progress. There is going to be a meeting at 10am with building employees to go over the abatement process.	SA
	1000		TRC / DA / JG / Marilyn / OR etc have walkthrough with building employees. TRC + DPW agents answer questions of the concerned employees. 1 woman was taking pictures of contaminants (neg air, air monitor, etc)	SA
	1100		Petero continue with wall + ceiling prep of Rm 110 contained	SA
	1200		Lunch	SA
	1300		Petero continuing with ceiling + wall prep. Prep should be totally done Monday in the morning	SA
	1314		TRC takes down PCM air samples and will read. State workers will be released at 1330.	SA
	1340		All PCM air samples below PEL.	SA
	1430		TRC / Petero off-site due to inclement weather	SA

Site / Station

 CT DPW- 30 Trinity St
 Hartford, CT

Month / Year

3/07

Project No

45500-5900-0000

Date	Time	Instrument and TRC ID	Comments	Initials
3/19/07	0700		TRC / Peter on site. Peter is to finish contained prep in Rm 110 and should start some rug / PT removal	SA
	0720		TRC sets up PCM air sampler for the day	SA
	0800		Peter continues with prepping walls + ceilings. Peter will also be filling holes in the floor with spray foam / critical	SA
	0850		Peter working on decan area of containment. It will be set up in Fan west hallway.	
	0905		TRC / Dave Arute / Marilyn give another tour of containment area in Rm 110 to address any questions and concerns. 1 employee showed up for decontam.	SM
	1030		Peter working on decan / shower area for Rm 110 contained	SA
	1130		Peter finishing up decan area + blastee used in chamber, Peter still needs to hook up water.	SA
	1200		Lunch	
	1245		Peter putting together shower with water	SA
	1330		Peter has containment ready to go. TRC gives Peter a passing pre visit of Rm 110 containment. Peter is going to start removal tomorrow as the spray foam has not hardened enough.	SA

Site / Station CT DPW - 30 Trinity St
Hartford, CT

 Month / Year 3/07
 Project No T3500-5900-00003

Date	Time	Instrument and TRC ID	Comments	Initials
3/20/07	0700		TRC / Petco on-site	SA
	0717		TRC sets up PCM air seals around Rm 110 containment	
	0745		Petco's spray foam has completely hardened over night. All floor holes are sealed. Petco has water hose set up inside containment. Petco will be starting shortly	SA
	0800		Petco starts abatement of FT + carpet from Rm 110 containment	SA
	0900		FT inside containment is coming up hard. Seems to be some leveling st on top of FT in some areas	SA
	0915		Petco takes morning break	SA
	0920		Petco continues with FT / Carpet removal inside Rm 110 containment	SA
	1000		TRC checks negative air exhaust. No visible emission from exhaust. TRC also checks all air monitoring pumps. All pumps are running properly.	SA
	1110		Petco continues to take up FT + carpet inside containment. 1 employee concerned about a flag Petco had made in the hallway to prevent people into their supply area. The flag is blowing in and out. She wonders why it is blowing out with neg air machine. TRC informs her that this is not part of the containment.	SA

Site / Station CT OPW-30 Trinity St
Hartford, CT

Month / Year 3/07
Project No 73500-5900-00003

Date	Time	Instrument and TRC ID	Comments	Initials
3/20/07	1110	continued	It is part of Petco's supply room area that we don't want people in. It doesn't need to be under negative. * Containment is under negative *	SA
	1200		Petco comes out of containment for lunch	SA
	1230		Petco informs TRC that blastfree will be on site early tomorrow morning. Petco hopes to have containment done by Thursday Thursday, possibly a late day. Petco continues to remove FT/carpets. They also are bagging and wrapping tile/carpets	SA
	1330		Petco continues with FT removal. Petco using floor scrapers	SA
	1420		TRC stops PCM air samples for the day and will set up and read samples	SA
	1445		All PCM air samples are well below PEL for OSHA. TRC will post results in break rooms on all floors	SA
	1500		TRC posts all PCM air samples results in break rooms on all floors. TRC finds out from Mark of ORXL that there was a complaint of people sneezing. They were looking for TRC for answers.	SA
	1505		Petco comes out of containment for the day. Petco has all tile set ^{up} and bagged. Will have Blastfree tomorrow	SA
	1515		TRC/Petco off-site	SA

Site / Station

 CT DPW - 30 Trinity Street
 Hartford, CT

Month / Year

3/07

Project No

43520-5900-00003

Date	Time	Instrument and TRC ID	Comments	Initials
3/21/07	0600		Peteo on-site	SA
	0615		tree on-site. Peteo is moving blasttrac into double chamber contained to containment.	SA
	0645		Peteo starts waste loadout of bags + double polyed bulky with carpet	SA
	0745		All bags are out of containment. Peteo continues with a little bit of PT removal and then will start blasting when the generator gets here	
	0845		Generator for blasttrac is on-site	SA
	0930		Peteo having a hard time starting the generator. Battery could be needing a charge	
	1000		Peteo got generator started by using jumper cables	SA
	1030		Peteo continues with floor tile removal. Kara Sweeney is going to replace (SA) at 1 pm. SA has to go to Trinity College for walk through. SA will be back in the morning	SA
	1115		Peteo starts blasting floor inside Rm 110 contained	SA
	1200		Peteo takes lunch	SA
	1230		Peteo continues removal	KS
	1300		KS on-site to relieve SA. SA shows KS around and explains job & sample locations.	KS
	1320		SA off-site	
	1400		KS collects pumps. KS prep samples	KS
	1430		Samples read - all okay. Decon sample a little.	

Site / Station DPW
30 Trinity St.
Hartford, CT

Month / Year 43500-5900-00003
Project No ~~43500-5900-00003~~ March 2007
(KS)

Date	Time	Instrument and TRC ID	Comments	Initials
			higher than previously. Spoke w/ Peter about that. He advised possibly because of bag-out or vags located near there. KS to copy results ^{and post} in lounges. Petco off-site KS. KS has posted the results on each floor. TRC off-site. KS	
		(KS) #1449		
03/22	0700		TRC & Petco on-site. KS calibrates and sets up area pumps.	KS
	0715		Petco continues w/ FT/mastic removal in Rm 110. Still chipping up edges - says there's a lot of holes in the ground that need to work on as well as different mastics. Spoke to SA and asked about Ardian's Yahanm paperwork. Said he looked at it yesterday - that T may want to grab a copy.	KS
	0745		Petco begins beadblasting the mastic w/ the beadtrack.	KS
	0830		D. Ante stops by to check on things. Advised him that there hasn't been any complaints yet today. Bead blasting has stopped.	KS
	0845		KS checks on pumps - all running okay. No visible emissions from negative air. D. Ante off-site.	KS
	0900		Petco takes break.	KS
	0925		KS checks basement Storage 5 & 6 to make sure that mastic remover is not leaking through holes in floor. Everything okay.	KS
	0945		Petco continues scraping the floor.	KS
	1015		Petco using the bead blaster again.	KS
	1030		Petco only scraping at this point.	KS
	1200		Petco breaks for lunch. J. Coleman supposed to be coming to the site to read clearance samples.	KS
	1245		Petco continues removal. J. Coleman on-site.	KS
	1330		D. Ante (DPW) on-site. Showed him the area of	

Dave Arule: 860-713-5661



SITE LOG

Site / Station DPW-30 Trinity St.
Hartford, CT

Month / Year March 2007
Project No 43500-5900-00003

Date	Time	Instrument and TRC ID	Comments	Initials
03/12/07			suspect spray-on over the elevator on the basement floor	KS
	1355		J. Coleman off-site.	KS
	1400		D. Antez off-site.	KS
	1420		KS collects pumps and preps samples.	KS
	1445		KS finished reading slides - all okay. J. Coleman on-site.	
	1455		KS to make copies and post results. Petco off-site.	KS
	1530		KS posts results on all floors in break room. KS & JC off-site.	KS
<hr/>				
03/13/07	0700		TRC & Petco on-site. KS calibrates and deploys area pumps.	KS
Fordy	0720		Petco continues removing remainder of mastic & FT at the edges.	KS
	0805		Jim Gurti (DPW) on-site - checking in. Advised him hopefully done today w/ tear-down Mon.	
	0810		Jim off-site.	KS
	0815		D. Antez (DPW) on-site - advised same as Jim.	KS
	0820		D. Antez off-site.	KS
	0900		TRC's G. Kaczynski arrives on-site to replace K. S. - K. S. shows G. K. what is going on	
	0920		K. S. off-site - Petco taking more bond	
	0940		Petco continues final cleanup	
	1200		lunch	
	1230		Work resumes - Petco continues final cleanup	
	1400		TRC conducts final visit	
	1415		Final visit of Rm 110 containment pass & Petco encapsulates	
	1500		Petco clean up ready	
	1530		TRC & Petco off-site	

PROJECT OUTLINE

Project Address: Secretary of State Building
30 Trinity Street
Hartford, CT

DAS Contract Number: 03PSX0346AE

DPW Project Manager: James Sinclair

DPW Project No.: 2B-06-40

DPW Building No.: 19035

TRC Project No.: 43500-5900-00003

Date(s) of Project: 3/15/07-3/26/07

TRC Project Manager: Donald LePage

TRC Project Monitor(s)/Inspector(s): Steve Arienti (#000487) – PM
Kara Sweeney (#000553) – PM
Jordan Coleman (#000586) – PM
Greg Kaczynski (#000439) – PM

Abatement Contractor: Petco Insulation Co., Inc. (#000036)

Materials Abated: ~1410 SF ACM floor tile – Room 110
~104 SF ACM cove base – Room 110

Waste Hauler(s): TransWaste, Inc., Cheshire, CT

Asbestos Landfill: Modern Landfill, York, PA

Asbestos Waste Generated: ~ Ten (9.63) cubic yards (CY)

APPENDIX A
NOTIFICATIONS/ALTERNATIVE WORK PRACTICES



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only

Post Mark Date: _____
 Check #: _____
 Amount: _____
 Transmittal #: _____
 Record #: _____

This form is to be completed, postmarked and filed with the Connecticut Department of Public Health ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of emergency notifications, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. The U.S. EPA may require notification of abatement or demolition, as per 40 CFR, Part 61, the asbestos NESHAP regulation. Faxed originals are not acceptable. Revisions may be faxed unless a fee is required.

(fill in or circle each item)

1. TYPE OF NOTIFICATION

A. NEW _____ B. BLANKET _____ C. CANCELLATION / POSTPONED (C) _____ (P) _____
 D. REVISED X (ITEMS REVISED) 5-B REVISION #: 1
 E. EMERGENCY _____ DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

Name: Petco Insulation Company, Inc. License #: 000036
 Address: 88 Farwell Street, P.O. Box 26127
 City: West Haven State: Connecticut Zip Code: 06516
 Phone #: (203)934-3926 Contact Person: James Reilly

3. FACILITY OWNER/OPERATOR:

Name: State of Connecticut, Department of Public Works
 Address: 165 Capitol Avenue
 City: Hartford State: Connecticut Zip Code: 06106
 Phone #: (860)713-5821 Contact Person: Jim Sinclair

4. NAME OF FACILITY: (MUST BE FILLED IN)

Name: Secretary of State Building
 Address: 30 Trinity Street
 City: Hartford State: Connecticut Zip Code: _____

5.(A) START DATE: 3/15/07 5. (B) COMPLETION DATE: 3/26/07

FOR PROJECTS INVOLVING 160 SQ FT OR MORE OF ASBESTOS

6. (A) TOTAL COST OF ABATEMENT: \$7,918.39 IF APPLICABLE 6. (B) REVISED COST: _____

Mail to:
Connecticut DPH
Division of Environmental Health
Indoor Air Program
410 Capitol Avenue, MS 51 AIR
PO Box 340308
Hartford, CT 06134-0308

Phone: (860) 509-7367/ Fax: (860) 509-7378
 An Equal Opportunity Employer

7. USE OF FACILITY:

A. School (K-12) _____ B. Public Building _____ C. Manufacturing _____
 D. Office X E. College _____ F. Commercial _____
 G. Church/Synagogue _____ H. Residential, # of dwellings _____ I. Other _____ (SPECIFY) _____

8. BUILDING DATA:

SQUARE FEET: 75,250 Number of floors: 5 Age: 88 yrs old

9. ABATEMENT CLASSIFICATION:

A. Renovation: X B. Demolition: _____ C. Ordered Demolition - Agency Issuing Order: _____
NOTE: Attach Demolition Order

10. ABATEMENT TECHNIQUE:

A. Full Containment with Neg. Air X B. Alternative Work Practice (preapproval required) X
 Project Designer / License # DPW Blanket AWP, Scenario #2
 C. Exterior Abatement _____ D. SPOT REPAIR (>25 SQ FT TOTAL) _____

11. ABATEMENT METHOD:

A. Removal X
 B. Encapsulation _____
 C. Enclosure _____

12. TYPE OF DECONTAMINATION SYSTEM:

A. Contiguous X B. Remote X

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)

FRIABLE MATERIAL

A. Sprayed or Troweled on	Sq. ft.	E. Duct Insulation	Sq. ft.
B. Boiler Insulation	Sq. ft.	F. Ceiling Tiles	Sq. ft.
C. Tank Insulation	Sq. ft.	G. Other, Specify:	Sq. ft.
D. Breeching Insulation	Sq. ft.	H. Pipe Insulation*	Sq. ft.
*Pipe Insulation	Total Linear Feet		

Pipe diameter" Linear Feet multiplied by conversion factor* equals Total Sq ft (*see Notif. Conversion table)

In.	LF	x	
In.	LF	x	
In.	LF	x	
In.	LF	x	

NONFRIABLE MATERIAL

Category I	square feet	Category II	square feet
I. Floor coverings/tiles	1,584	L. Transite Board	
J. Roofing, specify:		M. Other, specify: Cove Base	104
K. Gaskets, packings			

14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY):

Name	Modern Landfill	OR	BFI Imperial Landfill	OR	Manchester Landfill
Address	4400 Mt. Pisgah Rd		11 Boggs Road, P.O Box 47		1 Landfill Way
City, State, Zip	York, PA 17402		Imperial, PA 15126		Manchester, CT 06040
Owner, Operator					

15. HAULER/WASTE TRANSPORTER:

Name Transwaste, Inc.
 Address 3 Barker Drive
 City, State, Zip Wallingford, CT 06492

Name of Individual Completing This Form James Reilly



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only

Post Mark Date: _____
Check #: _____
Amount: _____
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(fill in or circle each item)

1. TYPE OF NOTIFICATION

A. NEW **B. BLANKET** _____ **C. CANCELLATION / POSTPONED** (C) _____ (P) _____
D. REVISED _____ (ITEMS REVISED) _____ **REVISION #:** _____
E. EMERGENCY _____ **DESCRIBE NATURE OF EMERGENCY** _____

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Name: Petco Insulation Company, Inc. License #: 000036
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Phone #: (203)934-3926 Contact Person: James Reilly

3. FACILITY OWNER/OPERATOR:

Name: State of Connecticut, Department of Public Works
Address: 165 Capitol Avenue
City: Hartford State: Connecticut Zip Code: 06106
Phone #: (860)713-5821 Contact Person: Jim Sinclair

4. NAME OF FACILITY: (MUST BE FILLED IN)

Name: Secretary of State Building
Address: 30 Trinity Street
City: Hartford State: Connecticut Zip Code: _____

5.(A) START DATE: 3/15/07 **5. (B) COMPLETION DATE:** 3/22/07

FOR PROJECTS INVOLVING 160 SQ FT OR MORE OF ASBESTOS

6. (A) TOTAL COST OF ABATEMENT: _____ **6. (B) REVISED COST:** _____ *IF APPLICABLE*

43500 - 5900 - 00003

Mail to:
Connecticut DPH
Division of Environmental Health
Indoor Air Program
410 Capitol Avenue, MS 51 AIR
PO Box 340308
Hartford, CT 06134-0308

Phone: (860) 509-7367/ Fax: (860) 509-7378
An Equal Opportunity Employer

7. USE OF FACILITY:

A. School (K-12) _____ B. Public Building _____ C. Manufacturing _____
 D. Office X E. College _____ F. Commercial _____
 G. Church/Synagogue _____ H. Residential, # of dwellings _____ I. Other _____ (SPECIFY) _____

8. BUILDING DATA:

SQUARE FEET: 75,250 Number of floors: 5 Age: 88 yrs old

9. ABATEMENT CLASSIFICATION:

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NOTE: Attach Demolition Order

10. ABATEMENT TECHNIQUE:

A. Full Containment with Neg. Air X B. Alternative Work Practice (preapproval required) X
 Project Designer / License # DPW Blanket AWP, Scenario #2
 C. Exterior Abatement _____ D. SPOT REPAIR (>25 SQ FT TOTAL) _____

11. ABATEMENT METHOD:

A. Removal X
 B. Encapsulation _____
 C. Enclosure _____

12. TYPE OF DECONTAMINATION SYSTEM:

A. Contiguous X B. Remote X

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)

FRIABLE MATERIAL

A. Sprayed or Troweled on	Sq. ft.	E. Duct Insulation	Sq. ft.
B. Boiler Insulation	Sq. ft.	F. Ceiling Tiles	Sq. ft.
C. Tank Insulation	Sq. ft.	G. Other, Specify:	Sq. ft.
D. Breecching Insulation	Sq. ft.	H. Pipe Insulation*	Sq. ft.
*Pipe Insulation	Total Linear Feet		

Pipe diameter" Linear Feet multiplied by conversion factor* equals Total Sq ft (*see Notif. Conversion table)

	In.	LF	x	
	In.	LF	x	
	In.	LF	x	
	In.	LF	x	

NONFRIABLE MATERIAL

Category I	square feet	Category II	square feet
I. Floor coverings/tiles	1,584	L. Transit Board	
J. Roofing, specify:		M. Other, specify: Cove Base	104
K. Gaskets, packings			

14. WASTE DIPPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY):

Name	Modern Landfill	OR	BFI Imperial Landfill	OR	Manchester Landfill
Address	4400 Mt. Pisgah Rd		11 Boggs Road, P.O Box 47		1 Landfill Way
City, State, Zip	York, PA 17402		Imperial, PA 15126		Mancheseter, CT 06040
Owner, Operator					

15. HAULER/WASTE TRANSPORTER:

Name	Transwaste, Inc.
Address	3 Barker Drive
City, State, Zip	Wallingford, CT 06492

Name of Individual Completing This Form James Reilly

State of Connecticut
Department of Public Health
Alternative Work Practice (AWP)
Approval Form

Check box for applicable AWP scenario

- 1. Renovation Projects – Removal of Friable Asbestos-Containing Material (ACM) Using the Glove-Bag Method**
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101, of the Department of Labor, Occupational Safety and Health Administration regulation. In addition to the glove-bag procedure, the work area is to be isolated from the non-work area by establishing an air-tight barrier of 6 mil polyethylene sheeting covering or composing the wall surfaces and covering the floor surface. In areas where this barrier does not extend to the ceiling, the layer of 6 mil polyethylene sheeting shall compose the ceiling of the air-tight enclosure.

- 2. Renovation Projects – Removal of Non-friable ACM**
Variance from Section 19a-332a-5(e)

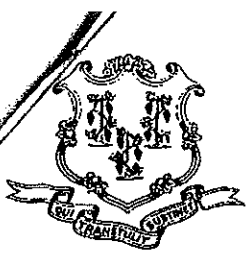
Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Additionally, a single layer of 4 or 6 mil polyethylene sheeting shall be used to seal the wall surfaces in the work area. This scenario is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.

- 3. Demolition Projects, Sound Structure – Removal of Friable ACM Using the Glove-Bag Method**
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). The friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101 of the Department of Labor, Occupational Safety and Health Administration regulation. Negative pressure ventilation will be established in accordance with Section 19a-332a-5(h). The work area shall be visually inspected and pass the no visible debris criteria of Sections 19a-332a-5(g) and 19a-332a-7(c). In addition, when the building is to be reoccupied by any person prior to demolition, post abatement reoccupancy air testing shall be performed in accordance with Section 19a-332a-12.

- 4. Demolition Projects, Sound Structure – Removal of Non-friable ACM**
Variance from Section 19a-332a-5(e)

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Negative pressure ventilation will be established in accordance with Section 19a-332a-5(h). This work practice is applicable *only* for removal of non-friable ACM. For the purposes of this approval, non-friable ACM is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 20, 2007

Edward P. Fennell
ATC Associates
290 Roberts Street, Suite 204
East Hartford, CT 06108

Re: Application for Approval of Alternative Work Practice for Renovation and Demolition of Various Properties Owned By the State of Connecticut Department of Public Works

Dear Mr. Fennell:

This letter is in response to an application from you prepared March 13, 2007, requesting approval of a blanket alternative work practice for the removal of various asbestos-containing materials (ACM) associated with the renovation and demolition of various properties owned by the State of Connecticut Department of Public Works. Based upon the information provided in the application describing the proposed alternative work practices, *conditional* approval is granted by the Department of Public Health (DPH). This *conditional* approval of the requested variance is granted only as applied to the specific scenarios given below. *As a condition of approval, each asbestos abatement contractor utilizing these approved alternative work practices shall submit a copy of this approval letter with the asbestos abatement notification form submitted for each project site. The notification form or accompanying documentation shall clearly reference the AWP scenario(s) to be utilized in performing that abatement. Further, the notification or accompanying documentation shall clearly indicate the quantity(ies) and type(s) of asbestos-containing material to be removed by each scenario.*

In all the following scenarios, the required signs shall be posted, in accordance with Subsection 19a-332a-5(a).

Scenario 1 – Renovation Projects: Friable ACM, Glove-Bag Method

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Additionally, a single layer of 6-mil polyethylene sheeting shall be used to seal or compose the wall surfaces and cover the floor surfaces in the work area. In areas where this barrier does not extend to the ceiling, the layer of six-mil polyethylene sheeting shall compose the ceiling of the airtight enclosure. The friable ACM shall be abated using the glove bag procedure, as outlined in 29 CFR 1926.1101. The work area shall pass the no visible residue criterion of Subsections 19a-332a-5(g) and 19a-332a-7(c) prior to encapsulation, as determined by a licensed Project Monitor.

Scenario 2 – Renovation Projects: Nonfriable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Additionally, a single layer of 4-mil or 6-mil polyethylene sheeting shall be used to seal the wall surfaces in the work area. In areas where this barrier does not extend to the ceiling, the layer of polyethylene sheeting shall compose the ceiling of the airtight enclosure. The work area shall

Phone: (860) 509-7367 Fax: (860) 509-7378

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # 51A1R

P.O. Box 340308 Hartford, CT 06134

Affirmative Action / An Equal Opportunity Employer



Mr. Edward P. Fennel
March 20, 2007 – Page 2 of 2

pass the no visible residue criterion of Subsections 19a-332a-5(g) and 19a-332a-7(c) prior to encapsulation, as determined by a licensed Project Monitor. This work practice is applicable only to nonfriable ACM. Nonfriable ACM is limited to: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazings, caulking, putty, and asphalt materials, unless written approval by the DPH is granted.

Scenario 3 – Demolition, sound structure: Friable ACM, Glove-Bag Method

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Negative pressure ventilation will be established in accordance with Subsection 190a-332a-5(h). The friable ACM shall be abated using the glove bag procedure, as outlined in 29 CFR 1926.1101. In conjunction with the glove bag procedure, a single layer of polyethylene sheeting shall be placed on the floor beneath the pipe insulation to serve as a drop cloth. The work area shall pass the no visible residue criterion of Subsections 19a-332a-5(g) and 19a-332a-7(c) prior to demolition, as determined by a licensed Project Monitor. Post abatement reoccupancy air testing is mandatory if the building shall be reoccupied.

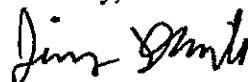
Scenario 4 – Demolition, sound structure: Nonfriable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Negative pressure ventilation will be established in accordance with Subsection 190a-332a-5(h). The work area shall pass the no visible residue criterion of Subsections 19a-332a-5(g) and 19a-332a-7(c) prior to demolition, as determined by a licensed Project Monitor. Post abatement reoccupancy air testing is mandatory if the building shall be reoccupied. This work practice is applicable only to nonfriable ACM. Nonfriable ACM is limited to: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazings, caulking, putty and asphalt materials, unless written approval by the DPH is granted.

Except as noted in this letter, all other work practices specified in the Standards for Asbestos Abatement regulation are mandatory. This approval is specific to the identified facility and does not relieve the contractor or facility owner from any other federal, state or municipal regulations. The Department reserves the right to rescind this approval should it determine that equivalent means of asbestos emission control are not maintained.

Please feel free to contact this office should you wish to discuss this matter further.

Sincerely,



Jimmy Davila
Environmental Sanitarian I
Asbestos Program
Environmental Health Section

APPENDIX B
CONTRACTOR CERTIFICATIONS/LICENSES

Dear Licensed/Certified Professional,
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (860) 509-7603
P.O. Box 340308
M.S.#12MQA
Hartford, CT 06134-0308
<http://www.dph.state.ct.us>

Sincerely,

J. Robert Galvin M.D., MPH.

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

000360 FP **PRSRT T3 0 0964 06516
PETCO INSULATION COMPANY, INC.
P.O. BOX 26127
88 FARWELL STREET
WEST HAVEN CT 06516

INSTRUCTIONS:

1. Detach and sign back of the cards in this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, please let us know in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to obtain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of their personnel file. Each one copy of this card can be supplied in cost.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

ASBESTOS CONTRACTOR

PETCO INSULATION COMPANY, INC.

LICENSE NO.
000036
CURRENT THROUGH
09/30/07
VALIDATION NO.
03-369002

J. Robert Galvin M.D., MPH.
COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

PETCO INSULATION COMPANY, INC.

LICENSE NO.

03-369002

CURRENT THROUGH

09/30/07

PROFESSION

ASBESTOS CONTRACTOR

SIGNATURE

J. Robert Galvin M.D., MPH.
COMMISSIONER

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

PETCO INSULATION COMPANY, INC.

LICENSE NO.

03-369002

CURRENT THROUGH

09/30/07

PROFESSION

ASBESTOS CONTRACTOR

SIGNATURE

J. Robert Galvin M.D., MPH.
COMMISSIONER

WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
PETER W. VAUGHAN

VALIDATION NO. **03 460820**
CERTIFICATION NO. **000594**
CURRENT THROUGH **02/29/08**
PROFESSION
ASBESTOS ABATEMENT SUPERVISOR

SIGNATURE *J. Robert Galvin, M.D., M.H.*
COMMISSIONER

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**

P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

PETER W VAUGHAN

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II

Joseph M. Sabitoni Training Director

**ASBESTOS ABATEMENT
SUPERVISOR REFRESHER**



PETER W VAUGHAN

Certificate Number
044445537ASBSR100

Course Date
10/28/2005

Exam Date
10/28/2005

Expires: 10/28/2006

PETER VAUGHAN
Has attended an 32 hour Asbestos Training Course for Asbestos workers Maintenance/Trades Personnel on Mar 1-12 1989 and has passed a written examination.

Course topics covered include asbestos health hazards, respirators, government regulations, worker protection control measures, air monitoring removal planning and procedures.

COURSE INSTRUCTORS
Thomas E. Veratti *Brenda Boldie*
Thomas E. Veratti, Vice President
Certified Chemical Engineer
Industrial Hygienist
Brenda Boldie
Environmental Health Professional
Industrial Hygienist



No. SAR-0312

PETER VAUGHAN
Has attended an 8 hour Asbestos Training Course for Site Supervisor and has passed a written examination on MAY 27 1989

Course topics covered include asbestos health hazards, respirators, government regulations, worker protection, control measures, air monitoring, removal planning and procedures.

COURSE INSTRUCTORS
Thomas E. Veratti *Brenda Boldie*
Thomas E. Veratti, Vice President
Certified Chemical Engineer
Industrial Hygienist
Brenda Boldie
Environmental Health Professional
Industrial Hygienist



No. SAR-0312

Expires: MAY 27 1989

PETER VAUGHAN
Has attended an 8 hour Annual Refresher Asbestos Training Course for Asbestos Workers/Site Supervisors on May 17 1989 and has passed a written examination.

Course topics covered include asbestos health hazards, respirators, government regulations, worker protection, control measures, air monitoring, removal planning and procedures.

COURSE INSTRUCTORS
Thomas E. Veratti *Brenda Boldie*
Thomas E. Veratti, Vice President
Certified Chemical Engineer
Industrial Hygienist
Brenda Boldie
Environmental Health Professional
Industrial Hygienist

Expires May 17, 1990

New England Laborers' Training Trust Fund
Route 97 & Murdock Rd. - P.O. Box 77
Pomfret Center, CT 06259

HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 8-HOUR REVIEW COURSE for FOREMAN/SUPERVISOR

	Name: Peter Vaughan
SS #: 044-40-5537	
Issued: 5/11/90	Expires: 5/11/91
Test Grade: 100%	Certificate #: C-0216S

New England Laborers' Training Trn
Route 97 & Murdock Rd. - P.O. B
Pomfret Center, CT 06259



HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 8-HOUR REVIEW COURSE for FOREMAN/SUPERVISOR

	Name: Peter Vaughan
SS #: 044-44-5537	
Issued: 4/24/91	Expires: 4/24/92
Test Grade: 96	Certificate #: 0216SR

New England Laborers' Training
Route 97 & Murdock Rd. - P.O
Pomfret Center, CT 06259



HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 8-HOUR REVIEW COURSE for FOREMAN/SUPERVISOR

	Name: Peter Vaughan
SS #: 044-44-5537	
Issued: 5-7-92	Expires: 5-7-93
Test Grade: 92%	Certificate #: C-0216SR

New England Laborers' Training Trust Fun
Route 97 & Murdock Rd. - P.O. Box 77
Pomfret Center, CT 06259



HEALTH, SAFETY & ASBESTOS ABATEMENT TECHNIQUES 8-HOUR REVIEW COURSE for FOREMAN/SUPERVISOR

	Name: Peter Vaughan
SS #: 044-44-5537	
Issued: 2-17-94	Expires: 2-17-95
Test Grade: 92%	Certificate #: C-0216SR

NEW ENGLAND LABORERS' TRAINING TRUST FUND
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

	Name: Peter Vaughan
SS #: 044-44-5537	
Issued: 6/7/93	Expires: 6/7/94
Test Grade: 92%	Certificate #: C-0216

Gennaro S. Lepore
Administrator

NEW ENGLAND LABORERS' TRAINING TRUST FUND
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455



ASBESTOS ABATEMENT SUPERVISOR REFRESHER

	Name/Certificate # Peter Vaughan 044445537ASBSR0295
Course Date 02-03-95	Exam Date 020395
Expires 020396	

The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John L. Bonche, Administrator

The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John L. Bonche, Administrator

ASBESTOS ABATEMENT SUPERVISOR REFRESHER

	Name/Certificate # Peter Vaughan 044445537ASBSR0296
Course Date 02-02-96	Exam Date 020296
Expires 020297	

NEW ENGLAND LABORERS' TRAINING TRUST FUND
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

John L. Bonche, Administrator

ASBESTOS ABATEMENT SUPERVISOR REFRESHER

	Name/Certificate # Peter Vaughan 044445537ASBSR0197
Course Date 01-10-97	Exam Date 011097
Expires 011098	

The individual named has completed the requisite training for asbestos accreditation under TSCA Title II

Concentra Medical Centers (CT)

900 Northrup Road WALLINGFORD, CT 06492
Phone: (203) 949-1534 Fax: (203) 949-9036

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/02/2006

Employee Name:

Employee SSN: 044-44-5537

Lughan, Peter W.

Address:

0 Northwood Ct

CONNECTICUT CT 06410

Employer: Petco Insulation Co

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Employee's Signature

PLHCP Name (printed)

Expiration Date

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)

900 Northrup Road WALLINGFORD, CT 06492
Phone: (203) 949-1534 Fax: (203) 949-9036

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/02/2006

Employee Name:

Employee SSN: 044-44-5537

Laughan, Peter W.

Address:

10 Northwood Ct

WESHIRE CT 06410

Employer: Petco Insulation Co

You were evaluated in this office of your medical status related to your physical capability wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Employee's Signature

PLHCP Name (printed)

Expiration Date

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

RESPIRATOR FIT TEST

Date of Test 3/20/06

Name Peter Vaughan

SS Number 044-44-5537

Respirator Make Glendale 1/2 Face - 3M PAPR

Type _____

PASS/FAIL _____

Expiration Date 3/20/07

COMMENTS _____

Test Administrator M. J. [Signature]

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.

HOME

WELCOME

AGENCY
LISTALPHA
LISTFAQ
ANSWERS

▶ BUSINESS CENTER

▶ VERIFY LICENSE

▶ QUICK CONTACTS

▶ PHYSICIAN PROFILE

Health Care or Environmental Health Professional's License Status

This site is part of **CT-clic.com**, the **Connecticut Licensing Info Center**, that links to all YOUR State licensing and registration needs.

Note: Requests for copies of documents related to past disciplinary action for professions other than physicians may be emailed as such documents are not currently available via this web site. Please include your name and telephone number on any request.

License Type: Asbestos Abatement Supervisor
License Number: 001050
Name: LAWRENCE, DELANO
Expiration Date: 2/29/2008
Granted Date: 4/11/2001
License Name: Delano Lawrence
License Status: Current
Disciplinary Action: None

Questions ??

E-mail oplc.dph@po.state.ct.us or call (860) 509-7603
[Return to DPH Licensure/Renewal Page](#)

For Business Registry Questions? Contact **Smart**  or call 1-800-392-2122.

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ASBESTOS ABATEMENT
SUPERVISOR REFRESHER



DELANO LAWRENCE	
Certificate Number 044647711ASBSR1206	
Course Date 12/8/2006	Exam Date 12/8/2006
Expires: 12/8/2007	

NEW ENGLAND LABORERS'
TRAINING TRUST FUND

P.O. Box 77
Pomfret Center, CT 06259
(860) 974-1455

DELANO LAWRENCE

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II

Joseph M. Sabitoni Training Director

Concentra Medical Centers (CT)

370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 04/28/2006

Employee Name: _____

Employee SSN: 044-64-7711

Lawrence Sr. Defano

Address: _____

P.O.Box 3294

NEW HAVEN CT 06515

Employer: Petco Insulation Co

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature _____

Employee's Signature _____

PLHCP Name (printed) _____

Expiration Date _____

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

CHEMSCOPE TRAINING DIVISION
ASBESTOS CONTRACTOR/SUPERVISOR
AND PROJECT MONITOR TRAINING
40 HOUR CERTIFICATION
Delano Lawrence
044-64-7711

Has attended an 40 hour course on the subject of asbestos on
6/22/94 6/29/94 and has passed a written examination.

The person receiving this certificate has completed the requisite training required for asbestos accreditation as a
supervisor under TSCA Title II.

Course topics include asbestos physical properties, health hazards, respiratory protection, procedures for asbestos
abatement, protection clothing, air monitoring, government regulations, equipment and supplies, process work areas,
removal practices and procedures, use of the glove bag, and safety hazards of the dust abatement, impaction,
leakage and leakage, record keeping, building systems, supervisory techniques, and current specifications. The
course includes lecture, demonstration, and hands on training.

Examination Date: 6/26/94
Expiration Date: 6/26/95

Delano Lawrence
Delano Lawrence
Pomfret Center, CT 06259

CHEMSCOPE, INC.
15 Montross Street
North Haven CT 06473

CHEMSCOPE TRAINING DIVISION
ASBESTOS CONTRACTOR/SUPERVISOR/MONITOR
8 HOUR REFRESHER CERTIFICATION
DELANO LAWRENCE
044-64-7711

Has attended an 8 hour Annual Refresher Course on the subject discipline on
7/17/95 and has passed a written examination.

The person receiving this certificate has completed the requisite training required for asbestos acc.
supervisor under TSCA Title II.

Course topics include a review and update on asbestos health hazards, personal protection, emission control
measures, government regulations, planning work areas, removal practices and procedures and air monitoring.

Examination Date: 7/14/95
Expiration Date: 7/14/96

Delano Lawrence
Delano Lawrence
Pomfret Center, CT 06259

CHEMSCOPE,
15 Montross
North Haven
(203) 866-91

CHEMSCOPE TRAINING DIVISION
ASBESTOS CONTRACTOR/SUPERVISOR/MONITOR
8 HOUR REFRESHER CERTIFICATION
DELANO LAWRENCE
044-64-7711

Has attended an 8 hour Annual Refresher Course on the subject discipline on
7/17/95 and has passed a written examination.

The person receiving this certificate has completed the requisite training required for asbestos accreditation as a
supervisor under TSCA Title II.

Course topics include a review and update on asbestos health hazards, personal protection, emission control
measures, government regulations, planning work areas, removal practices and procedures and air monitoring.

Examination Date: 7/12/96
Expiration Date: 7/12/97

Delano Lawrence
Delano Lawrence
Pomfret Center, CT 06259

CHEMSCOPE, INC.
15 Montross Street
North Haven CT 06473
(203) 866-91

ASBESTOS ABATEMENT
SUPERVISOR REFRESHER

Name/Certificate #	
Delano Lawrence 044647711ASBSR0797	
Course Date	Exam Date
07-11-97	071197
Expires	071198

NEW ENGLAND LABORERS'
TRAINING TRUST FUND
P. O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II
John J. Concha, Administrator

ASBESTOS ABATEMENT
SUPERVISOR REFRESHER

Name/Certificate #	
Delano Lawrence 044647711ASBSR0799	
Course Date	Exam Date
07-02-99	070299
Expires	070200

NEW ENGLAND LABORERS'
TRAINING TRUST FUND
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II
John J. Concha, Administrator

ASBESTOS ABATEMENT
SUPERVISOR REFRESHER

Name/Certificate #	
Delano Lawrence 044647711ASBSR0798	
Course Date	Exam Date
07-10-98	071098
Expires	071099



Superior Industries LLC
SUPERIOR
INDUSTRIES LLC.
Certificate of Completion
Awarded to
Lawrence DeLano
(SEN 044-64-7711) (DOB 02/26/67)
Has completed an 8 Hour Approved Course of instruction in:
Asbestos Abatement Removal and Cleanup (AARC)
Supervisor Refresher Training
March 3, 2001
Required by OSHA and the EPA under 40 CFR 61.141 for permittees under
the TSCA Title II as set forth by Title 29
Required by Connecticut Regulations 19a-332-11

SUPERIOR INDUSTRIES LLC
342 Carter Lane
Southington, CT 06489
860-1133 (voice)
860-1134 (fax)

Examination Date: March 3, 2001
Expiration Date: March 3, 2002
Certificate Number: 044-64-7711-01

Larry Bundy
Larry Bundy, Training Director

ASBESTOS ABATEMENT
SUPERVISOR REFRESHER

Name/Certificate #	
DeLano Lawrence 044647711ASBSR0202	
Course Date	Exam Date
02-22-02	022202
Expires	022203

RESPIRATOR FIT TEST

Date of Test 5/10/06

Name Delana Lawrence

SS Number 044-64-7711

Respirator Make glendale 1/2 face - 3m PAPP

Type _____

PASS/FAIL _____

Expiration Date 5/10/07

COMMENTS _____

Test Administrator Maff

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.

Handwritten mark or signature in the top left corner.

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
ADRIAN E. ARDON

VALIDATION NO.	CERTIFICATION NO.	CURRENT THROUGH
03-290213	000009	03/31/07

PROFESSION
ASBESTOS ABATEMENT WORKER

SIGNATURE *J. Robert Aron* M.D., M.P.H.
COMMISSIONER

Superior Industries LLC

**SUPERIOR
INDUSTRIES L.L.C.**



Committed to a Clean Environment

Certificate of Completion Awarded to

Adrian E. Ardón

(SSN 041-02-0876) (DOB 3-25-71)

*Has completed a 8 Hour 1 day Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)*

Worker Refresher - Spanish

December 9, 2006

*Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title 11 as self-certified by Trainer 8/5/97
Required by Connecticut Regulations 19a-332-21*

SUPERIOR INDUSTRIES LLC

342 Carter Lane

Southington, CT. 06489

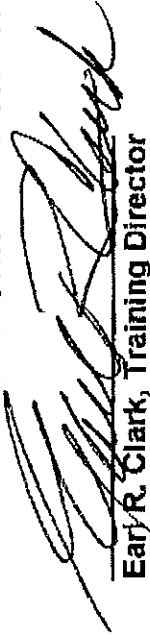
860-620-1133 (voice)

860-621-1134 (fax)

Examination Date: December 9, 2006

Expiration Date: December 9, 2007

Certificate Number: SWR-041-02-0876-07



Early R. Clark, Training Director

Training Course An
Adrian E. Ardon
082-73-7772
LOCAL SECURITY NUMBER



EnviroMed Services, Inc.

Certificate of Completion

Adrian Ardon
SSN 082-73-7772

has successfully completed, and passed an examination covering the contents of the initial four (4) day thirty two (32) hour course for Asbestos Abatement Workers. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II as self-certified by Trainer 10/2/94.

6/10/97-8/13/97
Course Dates
6/13/98
Expiration Date
10291 Ash-01
Certificate Number

SPANISH TAUGHT

6/13/97
Exam Date

Carl R. Clark
Training Manager
EnviroMed Services, Inc.

Superior Industries LLC

SUPERIOR INDUSTRIES L.L.C.



Committed to a Clean Environment

Certificate of Completion
Awarded to

Adrian E. Ardon

(SSN 082-73-7772) (DOB 3-25-72)

Has completed an 8 Hour Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)
Worker Refresher Training - Spanish
March 7, 1998

Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title II as self-certified by Trainer 8/5/97
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC
290 Beach Road
Wolcott, CT, 06716
203-879-5531 (voice)
203-235-4811 (fax)

Examination Date: March 7, 1998
Expiration Date: March 7, 1999
Certificate Number: 882-1-7772

Carl R. Clark
Carl R. Clark, Training Director

Superior Industries LLC

SUPERIOR INDUSTRIES L.L.C.



Committed to a Clean Environment

Certificate of Completion
Awarded to

Adrian E. Ardon

(SSN 082-73-7772) (DOB 3-25-72)

Has completed an 8 Hour Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)
Worker Refresher Training - Spanish
March 6, 1998

Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title II as self-certified by Trainer 8/5/97
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC
290 Beach Road
Wolcott, CT, 06716
203-879-5531 (voice)
203-235-4811 (fax)

Examination Date: March 6, 1998
Expiration Date: March 6, 2000
Certificate Number: 082-73-7772

Carl R. Clark
Carl R. Clark, Training Director



Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 05/31/2006

Employee Name: _____

Employee SSN: 041-02-0876

Ardon, Adrian E.

Address: _____

806 South Quaker Lane

WEST HARTFORD CT 06110

Employer: Petco Insulation Co

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
 The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
 Have the following restrictions concerning respirator usage: _____
 ARE NOT qualified to wear a respirator.
 Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
 Must wear Special prescription eye-wear needed to accommodate respirator.
 Must use an Eye glass conversion kit.
 May need to shave Facial hair to assure tight seal on certain face masks.
 Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
 The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
 In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature _____

PLHCP Name (printed) _____

¹Physician or other Licensed Healthcare Professional

Employee's Signature _____

5/31/07
Expiration Date

To be maintained in the employee's file with a copy to the employee

RESPIRATOR FIT TEST

DATE: 12-1-06

EMPLOYEE NAME: Adrian Ardon


SOCIAL SECURITY # 041-02-0876

FIT TEST	PASS	<u>✓</u>
	FAIL	<u> </u>

REASON: _____

NAME OF PERSON CONDUCTING FIT TEST: Dennis Connor

I HAVE READ AND FULLY UNDERSTAND THE RESPIRATORY PROTECTION PROGRAM MANUAL. I HAVE ALSO RECEIVED A FIT TEST USING THE PROCEDURES IN APPENDIX A OF THE MANUAL.

EMPLOYEE SIGNATURE: 



HELP | Connecticut

HOME

WELCOME

AGENCY
LISTALPHA
LISTFAQ
ANSWERS

BUSINESS CENTER

VERIFY LICENSE

QUICK CONTACTS

PHYSICIAN PROFILE

Health Care or Environmental Health Professional's License Status

This site is part of **CT-clic.com**, the **Connecticut Licensing Info Center**, that links to all YOUR State licensing and registration needs.

Note: Requests for copies of documents related to past disciplinary action for professions other than physicians may be emailed as such documents are not currently available via this web site. Please include your name and telephone number on any request.

License Type: Asbestos Abatement Worker

License Number: 000026

Name: ARDON, YAHAIRA Y

Expiration Date: 7/31/2007

Granted Date: 5/11/2000

License Name: Yahaira Y. Ardon

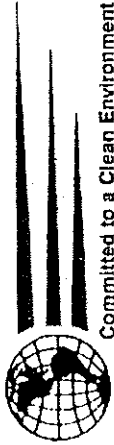
License Status: Current

None

Disciplinary

Superior Industries LLC

**SUPERIOR
INDUSTRIES L.L.C.**



Certificate of Completion
Awarded to

Yahaira Y. Ardon

(SSN 045-96-1390) (DOB 7-20-1980)

*Has completed a 8 Hour 1 day Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)*

Worker Refresher - Spanish

August 12, 2006

*Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title 11 as self-certified by Trainer 8/5/97
Required by Connecticut Regulations 19a-332-21*

SUPERIOR INDUSTRIES LLC
342 Carter Lane
Southington, CT. 06489
860-620-1133 (voice)
860-620-1134 (fax)

Examination Date: August 12, 2006
Expiration Date: August 12, 2007
Certificate Number: SWR-045-96-1390-06



Earl R. Clark, Training Director

Superior Industries LLC

**SUPERIOR
INDUSTRIES L.L.C.**



Certificate of Completion Awarded to

Yahaira J. Martinez Mateo
(SSN 045-96-1390) (DOB 7-20-80)

Has completed a 32 Hour 4 day Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)
Worker Initial - Spanish

October 25 - 28, 1997

Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title 11 as self-certified by Trainer 8/5/97
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC
290 Beach Road
Wolcott, CT. 06716
203-879-5531 (voice)
203-235-4811 (fax)

Examination Date: October 28, 1997
Expiration Date: October 28, 1998
Certificate Number: 045-96-1390


Earl R. Clark, Training Director

Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Ardon, Yahaira Y.

Employer: Pelco Insulation Co

Check Type of Respirator(s) To Be Used (Check ALL that apply)

- Air-purifying (non-powered) Air-purifying (powered)
 Atmosphere supplying Respirator
 Combination air-line and SCBA
 Continuous-Flow Respirator
 Supplied-Air Respirator
 Open Circuit SCBA Closed Circuit SCBA
 Dust Mask 1/2 Face with Canisters Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions

Check ALL That Apply When Wearing Respirator)

- High Places Enclosed Places Protective Clothing
 Temperature Extremes Mostly Cold Mostly Hot

Other: _____

Respirator will be: HAND CARRIED MAILED OTHER

Address:

806 South Quaker Lane

WEST HARTFORD CT 06110

Employee SSN: 045-96-1390

Extent of Usage (Check ALL that apply)

- On a daily basis _____ Total Hours
 Occasionally - but not more than twice a week _____ Total Hours
 Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ALL that apply)

- Light Moderate Heavy

Exposure to Hazardous Materials (Check ALL that apply)

- Arsenic Benzene
 Coke Oven Cotton Seed / Dust
 Cadmium Formaldehyde
 Methylene Chloride Lead
 Textiles Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

1. This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information to be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:
2. Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
3. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ALL that apply)

Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.

Class I - No Restrictions on Respirator Use

Class II - Some Specific Use Restrictions To be used for Emergency Response or Escape Only Other: _____

Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. ²

Fit Test Required

Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily

Fit Test NOT Performed at: Concentra Medical Centers (CT)

Special prescription eyewear needed to accommodate respirator

Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

¹ Physician or other Licensed Healthcare Professional

Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT)

and his/her findings to

Check ALL that apply)

The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

Date of Exam

Expires On

RESPIRATOR FIT TEST

Date of Test 5/10/06

Name Yehaine Ardou

SS Number 045-96-1390

Respirator Make glendale 1/2 face - 3m PALL

Type _____

PASS/FAIL _____

Expiration Date 5/10/07

COMMENTS _____

Test Administrator Maff

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.

WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
JUAN CARLOS MARTINEZ

VALIDATION NO.	CERTIFICATION NO.	CURRENT THROUGH
03-391943	004431	10/31/07

PROFESSION
ASBESTOS ABATEMENT WORKER

SIGNATURE *J. Robert Arlun* 10/20/07
COMMISSIONER

Superior Industries LLC

**SUPERIOR
INDUSTRIES L.L.C.**



Committed to a Clean Environment

Certificate of Completion

Awarded to

Juan Carlos Martinez

(SSN 040-04-3919) (DOB 10-13-80)

*Has completed a 8 Hour 1 day Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)*

Worker Refresher - Spanish

December 9, 2006

*Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title 11 as self-certified by Trainer 8/5/97
Required by Connecticut Regulations 19a-332-21*

**SUPERIOR INDUSTRIES LLC
342 Carter Lane
Southington, CT. 06489
860-620-1133 (voice)
860-621-1134 (fax)**

**Examination Date: December 9, 2006
Expiration Date: December 9, 2007
Certificate Number: SWR-040-04-3919-06**

Earl R. Clark, Training Director

Superior Industries LLC

**SUPERIOR
INDUSTRIES L.L.C.**



Committed to a Clean Environment

Certificate of Completion

Awarded to

Juan Carlos Martinez

(SSN 040-04-3919) (DOB 10-13-80)

Has completed a 32 Hour 4 day Approved Course of Instruction in
Asbestos Abatement Removal and Disposal (AARD)

Worker Initial

February 18, 2002 through February 21, 2002

Required by OSHA and the EPA Revised MAP for accreditation under
the TSCA Title 11 as self-certified by Trainer 8/5/97
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC

342 Carter Lane
Southington, CT. 06489
860-620-1133 (voice)
860-621-1134 (fax)

Examination Date: February 21, 2002
Expiration Date: February 21, 2003
Certificate Number: 040-04-3919-02

Earl R. Clark, Training Director

Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 02/08/2007

Employee Name: _____

Employee SSN: 040-04-3919

artinez, Juan C.

Address: _____

? Cambridge St.

^ ANCHESTER CT 06042

Employer: Petco Insulation Co

You were evaluated in this office of your medical status related to your physical capability wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature _____

Employee's Signature _____

PLHCP Name (printed) _____

Expiration Date _____

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

RESPIRATOR FIT TEST

Date of Test 9/22/06

Name John Nestor

SS Number 040-04-3919

Respirator Make glendale 1/2 face - 3m PAPP

Type _____

PASS/FAIL _____

Expiration Date 9/22/07

COMMENTS _____

Test Administrator M. J. [Signature]

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
MARCUS V. REARDEN

VALIDATION NO.	CERTIFICATION NO.	CURRENT THROUGH
03-323485	000736	03/31/07

PROFESSION
ASBESTOS ABATEMENT SUPERVISOR

SIGNATURE _____
J. Robert Arlino, M.D., M.P.H.
COMMISSIONER

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**

P.O. Box 77
Pomfret Center, CT 06259
(860) 974-1455

MARCUS V REARDEN

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II

Joseph M. Sabitoni Training Director



**ASBESTOS ABATEMENT
SUPERVISOR REFRESHER**

MARCUS V REARDEN	
Certificate Number 048641104AS8SR0806	
Course Date 9/31/2006	Exam Date 3/31/2006
Expires: 3/31/2007	

**ASBESTOS ABATEMENT
WORKER COURSE**



Name/Certificate # Marcus Rearden 048641104ASBW0994	
Course Date 09-19-94	Exam Date 092394
Expires 092395	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II
John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0995	
Course Date 09-27-95	Exam Date 092795
Expires 092796	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II
John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0996	
Course Date 09-25-96	Exam Date 092596
Expires 092597	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II
John LeConche, Administrator

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II
John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0997	
Course Date 09-25-97	Exam Date 092597
Expires 092598	

**NEW ENGLAND LABORERS'
TRAINING TRUST FUND**
P.O. Box 77
Pomfret Center, CT 06259
(203) 974-1455

The individual named has completed
the requisite training for asbestos
accreditation under TSCA Title II
John LeConche, Administrator

**ASBESTOS ABATEMENT
WORKER REFRESHER**



Name/Certificate # Marcus Rearden 048641104ASBR0998	
Course Date 09-16-98	Exam Date 091698
Expires 091699	

Concentra Medical Centers (CT)

555 Lordship Blvd STRATFORD, CT 06615
Phone: (203) 380-5945 Fax: (203) 380-5953

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 11/27/2006

Employee Name: _____

Employee SSN: 048-64-1104

Rearden, Marcus

Address: _____

P.O.Box 452

STRATFORD CT 06615

Employer: Petco Insulation Co

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

CHANDER DEVARAJ, M.D.
PLHCP Signature

CHANDER DEVARAJ, M.D.

PLHCP Name (printed)

¹Physician or other Licensed Healthcare Professional

11/27/06
Employee's Signature

Expiration Date

To be maintained in the employee's file with a copy to the employee

RESPIRATOR FIT TEST

Date of Test 5/10/06

Name mercus Rearden

SS Number 048-64-1104

Respirator Make glendale 1/2 Face - 3m PAPR

Type _____

PASS/FAIL _____

Expiration Date 5/10/07

COMMENTS _____

Test Administrator Mall

This fit test certification will expire in one (1) year unless other physical factors and/or different respirator is required, Re-Test is required.

APPENDIX C
DAILY PROJECT SIGN-IN SHEETS

SIGN-IN SHEET FOR

DPW-30 Trinity St. Hartford, CT
 (Job Name and Project Number)

Y3500-S900-00003

NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.

TRC REPRESENTATIVE: K. Summney / C. Keenan

DATE: 03/23/07 + 03/26/07

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
Peter Vaughn	Petco	Rm 110 FT/mastic removal - cleanup	OSHA Req'd	Supervisor	0700 - 1530
Marcus Reardon	↓	↓	↓	Worker	0700 -
Adrian Arden	↓	↓	↓	↓	0700 -
Mohann Arden	↓	↓	↓	↓	0700 -
Peter Vaughn	Petco	Rm 110 containing broken paper	Proper OSHA PPE	Supervisor	0700 -
Marcus Reardon	↓	↓	↓	Worker	↓
Adrian Arden	↓	↓	↓	↓	↓
Mohann Arden	↓	↓	↓	↓	↓

APPENDIX D
CONTRACTOR OSHA PERSONNEL AIR
SAMPLING RESULTS

Company: Petro
 88 Farwell Street
 West Haven, Connecticut 06516-0961

Hygienist _____

Lab # 8282-1

Asbestos Abatement Lead Abatement
 Type of Project

Date Collected 3-20-07
 Job Name Sec. of State 30 Trinity
 Job Number 251-2743
 Project Foreman P. Vaughan

Calibration
 Final Clearance Air Test OC + Analyt. K. Williams
 Personal Sample 3/27/07
 Work Sample Cots. Sup: Henry J. Adolphi

- Type of Removal
- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Pre-clean | <input type="checkbox"/> Set Up | <input type="checkbox"/> Encapsulation |
| <input type="checkbox"/> Pipe | <input type="checkbox"/> Fittings | <input type="checkbox"/> Transite Board |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Tank | <input type="checkbox"/> Sprayed-On |
| <input type="checkbox"/> Breaching | <input type="checkbox"/> Duct | <input checked="" type="checkbox"/> Floor Tile |
| <input type="checkbox"/> Ceiling Tile | <input type="checkbox"/> Bag Out | <input type="checkbox"/> Blastrac |
| <input type="checkbox"/> Glovebag | | <input type="checkbox"/> Mastic Removal |
| <input checked="" type="checkbox"/> Other <u>carpet</u> | | |

Sample Number	Worker Name/S.S. Number Work Function	Respirator Type/Brand	Time On	Time Off	Flow (L/Min)	Pump No.	Fiber Concentration	T.W.A.
1	Juan Martinez carpet/tile removal	1/2 APR Wilson	755	825	2.0	1	5/100 <u>not 0.15</u>	
2	Juan Martinez carpet/tile removal	1/2 APR Wilson	825	305	2.0	1	10/100 <u>0.08</u>	
3	Field Blank						0/100 -	
4	Field Blank						0/100 -	

Rod K. Williams 3/27/07 0730

Company: Petro
 88 Farwell Street
 West Haven, Connecticut 06516-0961

Hygienist _____

Lab # 82821

Asbestos Abatement
 Lead Abatement

Type of Project _____

Date Collected 3-21-07
 Job Name See - of State 30 Trinity St
 Job Number 201-2743
 Project Foreman P. Vaughan

Calibration GC + Analyt. R. Williams

Final Clearance Air Test
 Personal Sample
 Work Sample Leads by: Henry J. Peddicate
3/27/07

Type of Removal

<input type="checkbox"/> Pre-clean	<input type="checkbox"/> Set Up	<input type="checkbox"/> Encapsulation
<input type="checkbox"/> Pipe	<input type="checkbox"/> Fittings	<input type="checkbox"/> Transite Board
<input type="checkbox"/> Boiler	<input type="checkbox"/> Tank	<input type="checkbox"/> Sprayed-On
<input type="checkbox"/> Breaching	<input type="checkbox"/> Duct	<input checked="" type="checkbox"/> Floor Tile
<input type="checkbox"/> Ceiling Tile	<input type="checkbox"/> Bag Out	<input checked="" type="checkbox"/> Blastrac
<input type="checkbox"/> Glovebag		<input checked="" type="checkbox"/> Mastic Removal
<input checked="" type="checkbox"/> Other <u>carpet</u>		

Sample Number	Worker Name/S.S. Number Work Function	Respirator Type/Brand	Time On	Time Off	Flow (L/Min)	Pump No.	Fiber Concentration	T.W.A.
5	Adrian Ardron bag out / final clean	1/2 APR Wilson	6:30	7:00	2.0	1	0/100 2005 0/100	0.5 0/100
6	Adrian Ardron mastic removal	1/2 APR Wilson	7:00	2:00	2.0	1	0/100 2005 0/100	
7	Field Blank						0/100	
8	Field Blank						0/100	

Read by Williams 3/22/07 0730

Company: Pexco
 88 Farwell Street
 West Haven, Connecticut 06516-0961

Hygienist _____

Lab # 82821

Type of Project

Lead Abatement

Asbestos Abatement

Date Collected 3-22-07
 Job Name Sec. 55th 30 Towns
 Job Number 201-2763
 Project Foreman P. Vaughan

Type of Removal

- Pre-clean
 Pipe
 Boiler
 Breaching
 Ceiling Tile
 Glovebag
 Other
- Set Up
 Fittings
 Tank
 Duct
 Bag Out
- Encapsulation
 Transit Board
 Sprayed-On
 Floor Tile
 Blastrac
 Mastic Removal

Calibration

Final Clearance Air Test QC + Analysis K. Williamson 3/27/07

Personal Sample

Work Sample Lab Sup: Henry J. Adjicko

Sample Number	Worker Name/S.S. Number Work Function	Respirator Type/Brand	Time On	Time Off	Flow (L/Min)	Pump No.	Fiber Concentration	T.W.A.
9	Marcus Rardon Blastac	1/2 APR Wilson	745	815	2.0	1	0/100 <u>not 0.5</u>	QC 0/100
10	Marcus Rardon Blastac	1/2 APR Wilson	815	300	2.0	1	0/100 <u>not 0.5</u>	
11	Field Blank						0/100	
12	Field Blank						0/100	

Read by: K. Williamson

3/27/07

0730

Company: Poko
 88 Farwell Street
 West Haven, Connecticut 06516-0961

Hygienist _____

Lab # 82821

Asbestos Abatement Lead Abatement

Type of Project

Date Collected 3-23-07
 Job Name Sec. of State 30 Trucks
 Job Number 201-2743
 Project Foreman P. Vaughan

Type of Removal

- Pre-clean
- Pipe
- Boiler
- Breaching
- Ceiling Tile
- Glovebag
- Other
- Set Up
- Fittings
- Tank
- Duct
- Bag Out
- Encapsulation
- Transit Board
- Sprayed-On
- Floor Tile
- Blastrac
- Mastic Removal

Calibration
 Final Clearance Air Test CC + Analysis by K. Williams
 Personal Sample
 Work Sample Lab for Henry J. Adolante

3/27/07

Sample Number	Worker Name/S.S. Number Work Function	Respirator Type/Brand	Time On	Time Off	Flow (L/Min)	Pump No.	Fiber Concentration	T.W.A.
13	<u>Yehoua Adam</u> <u>Final clean</u>	<u>1/2 APR</u> <u>Wilson</u>	<u>75</u>	<u>745</u>	<u>2.0</u>	<u>1</u>	<u>3/100</u> <u>nd 6</u> <u>0.045</u>	
14	<u>Yehoua Adam</u> <u>Final clean</u>	<u>1/2 APR</u> <u>Wilson</u>	<u>205</u>	<u>240</u>	<u>2.0</u>	<u>1</u>	<u>3/100</u> <u>nd 6</u> <u>0.08</u>	
15	<u>Field Blank</u>						<u>0/100</u>	
16	<u>Field Blank</u>						<u>0/100</u>	

Rec'd by: K. Williams

3/27/07 0738

APPENDIX E
TRC CERTIFICATIONS/LICENSES

0003496 FP **PRSR T9 0 0554 08460
STEPHEN R. ARIENTI
63 PINEHURST DRIVE
MERIDEN CT 06450

Dear Licensed/Certified Professional,
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (860) 509-7603
P.O. Box 340308
M.S.#12MQA <http://www.dph.state.ct.us>
Hartford, CT 06134-0308

Sincerely,

J. Robert Galvin M.D., M.P.H.

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.

4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
STEPHEN R. ARIENTI
VALIDATION NO. 03-321624
LICENSE NO. 000487
CURRENT THROUGH 04/30/07
PROFESSION
ASBESTOS CONSULTANT-PROJECT MONITOR

[Signature]
SIGNATURE

J. Robert Galvin M.D., M.P.H.
COMMISSIONER

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

ASBESTOS CONSULTANT-PROJECT MONITOR

STEPHEN R. ARIENTI

LICENSE NO.
000487
CURRENT THROUGH
04/30/07
VALIDATION NO.
03-321624

[Signature]
SIGNATURE

J. Robert Galvin M.D., M.P.H.
COMMISSIONER

CERTIFICATE OF ACHIEVEMENT

This certifies that

Stephen Arienti

has successfully completed the

8 Hour Asbestos Project Monitor Refresher Training

conducted by

ATC Associates Inc.

73 William Franks Drive

West Springfield, MA 01089

(413) 781-0070

Gregory J. Moroch

Regional Manager

PMR-0832

Certificate Number

January 2, 2007

Examination Date

Edward Volobij

Principal Instructor

January 2, 2007

Date of Course

January 2, 2008

Expiration Date



Your Essential
Connection

RETAIN FOR YOUR RECORDS

June 1, 2002

Counter ID: 8377
Organization ID: 100122

Stephen Arienti
TRC Environmental Corporation
5 Waterside Crossing
Windsor, CT 06095-1561

Dear :Analyst

Congratulations! The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing in the Asbestos Analysts Registry (AAR). This Board Approval takes effect today and is current as long as you maintain two or less outliers in the two most current consecutive Asbestos Analytical Testing (AAT) rounds. This is the only time AIHA requires that you be on the AAB Ballot.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable." To regain your Board Approval, your options are:

- 1) Purchase the current round retest to override the results, or:
- 2) Analyze the next two AAT rounds and again meet Board Approval qualifications.

If you foresee non-participation in a future AAT round, AIHA requires a letter requesting a suspension from that round to retain the Board Approval status before the date that results are due for that particular round.

For your information:

- 1) You automatically lose Board Approval status when you cease analyzing AAT samples with your organization.
- 2) If you transfer to an unapproved organization, you immediately lose Board Approval status.

Congratulations again and thank you for your continued interest in the Asbestos Analysts Registry program. If you have any questions concerning your status, please call me.

Sincerely,

Gary E. Coates
Laboratory Accreditation Specialist



SOUND DATA
LABORATORY QUALITY
ASSURANCE PROGRAMS **SMART DECISIONS**

AIHA

Your Essential Connection:
Advancing Occupational and Environmental Health
and Safety Globally

2700 Prosperity Ave., Suite 250, Fairfax, VA 22031 U.S./
(703) 849-8888; Fax (703) 207-8558; www.aiha.org

0006882 FP **PRSRT T3 0 0664 06109
KARA L. SWEENEY
32 BELMONT STREET
WETHERSFIELD CT 06109

Dear Licensed/Certified Professional,
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (860) 509-7603
P.O. Box 340308
M.S.#12MQA <http://www.dph.state.ct.us>
Hartford, CT 06134-0308

Sincerely,

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

ASBESTOS CONSULTANT-PROJECT MONITOR

KARA L. SWEENEY

LICENSE NO.
000553
CURRENT THROUGH
06/30/07
VALIDATION NO.
03-333285

SIGNATURE

COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

KARA L. SWEENEY

VALIDATION NO.
03-333285

LICENSE NO.
000553
PROFESSION

CURRENT THROUGH
06/30/07

ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE

COMMISSIONER

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

KARA L. SWEENEY

VALIDATION NO.
03-333285

LICENSE NO.
000553
PROFESSION

CURRENT THROUGH
06/30/07

ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE

COMMISSIONER

CERTIFICATE OF ACHIEVEMENT

This certifies that

Kara Sweeney

has successfully completed the

8 Hour Asbestos Project Monitor Refresher Training

conducted by
ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070

Edward Kloby

Principal Instructor

October 23, 2006

Date of Course

October 23, 2007

Expiration Date

Gregory J. Mosack

Regional Manager

PMR-0807

Certificate Number

October 23, 2006

Examination Date



Your Essential Connection

Asbestos Analysts Registry

Retain For Your Records

July 24, 2006

Organization ID: 100122

Analyst ID: 8865

TRC Environmental Corporation
Kara Sweeney
21 Griffin Road North
Windsor CT, 06095

Dear Ms. Sweeney:

Congratulations! The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing in the Asbestos Analyst Registry (AAR). This Board Approval takes effect **July 24, 2006**. You are now listed on the AIHA website as an Asbestos Analysts Registry (AAR) Board Approved Analyst

<http://www.aiha.org/LaboratoryServices/html/aarana.html>.

Your Board Approval status will remain current as long as you maintain two or less outliers in the two most current consecutive Asbestos Analytical Testing (AAT) rounds. You will automatically lose your Board Approval status if you cease analyzing AAT samples with an approved organization, or you transfer to an unapproved organization.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable." To regain your Board Approval, your options are:

- 1) Purchase the current round retest to successfully override the results; or
- 2) Analyze the next regularly scheduled AAT round or next two consecutive AAT rounds (whichever is appropriate) with no more than 2 outliers cumulatively to regain Board Approval status.

If you foresee non-participation in a future AAT round, in order to retain Board Approval status, AIHA requires a letter requesting an excused absence from that round before the date that the results are due for that particular round. Please note that excused absences will not be granted for two consecutive AAT rounds.

Congratulations again and thank you for your continued participation in the Asbestos Analyst Registry program. If you have any questions please do not hesitate to contact Mrs. Carter Dezio, AAR Program Specialist at 703-846-0798 or cdezio@aiha.org.

Sincerely,

Peter Dragasakis
Quality Systems Manager, LQAP

AIHA
2700 Prosperity Avenue, Suite 250
Fairfax, VA 22031
Phone: 703-849-8888; Fax: 703-207-8558

BUSINESS CENTER

VERIFY LICENSE

QUICK CONTACTS

PHYSICIAN PROFILE

Health Care or Environmental Health Professional's License Status

This site is part of CT-cllc.com, the **Connecticut Licensing Info Center**, that links to all YOUR State licensing and registration needs.

Note: Requests for copies of documents related to past disciplinary action for professions other than physicians may be emailed as such documents are not currently available via this web site. Please include your name and telephone number on any request.

License Type:	Asbestos Consultant - Project Monitor
License Number:	000586
Name:	COLEMAN, JORDAN L
Expiration Date:	2/29/2008
Granted Date:	3/13/2007
License Name:	Jordan L. Coleman
License Status:	Current
Disciplinary Action:	None

Questions ??

E-mail oplcc.dph@po.state.ct.us or call (860) 509-7603
[Return to DPH Licensure/Renewal Page](#)

For Business Registry Questions? Contact **Smart State** or call 1-800-392-2122.

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**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887
(Phone) 978.658.5272

IEE

IEE

This is to certify that
Jordan Coleman

*has completed the requisite training, and has passed
an examination for accreditation*

Asbestos Project Monitor

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

November 17, 2006
Examination Date

Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

November 13-17, 2006
Course Dates

November 17, 2007
Expiration Date

06-1598-173-234325
Certificate Number


President/Director of Training



Asbestos Analysts Registry

American Industrial Hygiene Association
2700 Prosperity Avenue, Suite 250
Fairfax, VA 22031
Phone: (703) 846-0798 Fax: (703) 207-8558
cdezio@aiha.org

December 21, 2006

TRC Environmental Corporation
Jordan Coleman
21 Griffin Road North
Windsor, CT 06095

Organization ID: 100122
Analyst ID: 8925

Dear Mr. Coleman:

Welcome! You have been successfully enrolled by your organization as an asbestos analyst in the Asbestos Analytical Testing (AAT) portion of the Asbestos Analyst Registry (AAR) program. Your organization should have received **AAT Round # 80** samples the first week in **December, 2006**. You should begin your AAT participation with this round. If you will be unable to enter results by the due date, January 10, 2007 11:59 PM EST, please contact me so that I can ensure you are not included in this round.

This letter introduces you to some requirements and procedures relative to your participation. The AAT Round # 80 Performance Report will indicate your performance in the analysis of AAT samples. **Note: It takes approximately 6-8 months to become an Analytical Accreditation Board (AAB) approved analyst and subsequently be listed in the Asbestos Analyst Registry, providing your organization's application has been reviewed and approved by AIHA. Analysts who leave an approved organization must transfer to another approved organization to keep their current board-approved status and must provide updated information as required by AIHA (AAR policy 4.3 – Maintenance of Listing). If you have transferred to an unapproved organization, you immediately lose the AAB approved status.**

Each participating analyst has a unique Analyst Identification (ID) number and a corresponding Organization ID number. These numbers appear on the upper right corner of this letter. **It is imperative that you keep these numbers on file and refer to both numbers when communicating with AIHA.** You must enter your Analyst ID and Organization ID numbers when entering results on the AAT Data Entry Website (<http://www.aiha.org/pat>).

On a quarterly basis, one (1) set of four (4) AAT samples is mailed, with the AAT Results Website Data Entry Worksheet, to your organization's AAR contact person. It is your responsibility to obtain a copy of the worksheet and prepare a wedge from each sample in the set. AIHA also recommends that each analyst: keep a photocopy of the completed worksheet; print a copy of the results confirmation page from the AAT Data Entry website; and obtain the AAT Performance Result Report after each round. Analysts who have more than two (2) outliers reported in two (2) consecutive rounds may request additional samples for retesting. A fee will be charged for participation in the retest round, as stated on the Fee Schedule located at <http://www.aiha.org/1documents/lab/2005lcapfees.pdf>. Analysts participating in the retest round will be evaluated on the retest sample set and retest results will override the regular round attempted. (AAR policy 3.4 – Retesting)

If you have any questions, please contact me at AIHA at 703-846-0798.

Sincerely,



Carter Dezio
AAR Program Specialist

0012303 FP **PRSRH HS 0 0864 06095

GREGORY A. KACZYNSKI
TRC ENVIRONMENTAL CORP.
21 GRIFFIN ROAD NORTH
WINDSOR CT 06095

Dear Licensed/Certified Professional,
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call.

Department of Public Health (860) 509-7603
P.O. Box 340308
M.S. #12MGA <http://www.dph.state.ct.us>
Hartford, CT 06134-0308

Sincerely,

J. Robert Galvin, MD, MPH

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.

4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

ASBESTOS CONSULTANT-PROJECT MONITOR

LICENSE NO.
000439

CURRENT THROUGH
07/31/07

VALIDATION NO.
03-372945

GREGORY A. KACZYNSKI

J. Robert Galvin, MD, MPH

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
GREGORY A. KACZYNSKI

VALIDATION NO. LICENSE NO. CURRENT THROUGH
03-372945 000439 07/31/07

PROFESSION
ASBESTOS CONSULTANT-PROJECT MONITOR

J. Robert Galvin, MD, MPH

SIGNATURE

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
GREGORY A. KACZYNSKI

VALIDATION NO. LICENSE NO. CURRENT THROUGH
03-372945 000439 07/31/07

PROFESSION
ASBESTOS CONSULTANT-PROJECT MONITOR

J. Robert Galvin, MD, MPH

SIGNATURE

CERT# PM-200 - 286

**CHEMSCOPE TRAINING DIVISION
ASBESTOS PROJECT MONITOR REFRESHER
8 HOUR TRAINING CERTIFICATE**

**Greg Kaczynski
21 Griffin Road North , Windsor CT
040-70-9922**

Has attended a 8 hour Course on the subject discipline on
09/07/06 and has passed a written examination

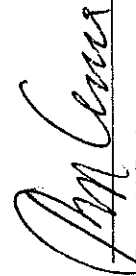
"The person receiving this certificate has completed the requisite training required for asbestos accreditation as a project monitor under TSCA Title II"

Course topics include all the EPA MAP curriculum items. This training course has been accredited by the State of Connecticut.

Examination Date: 09/07/06

Expiration Date: 09/07/07

The course meets the requirements of DPH Regulation 20-440-7 and the EPA Model Accreditation Plan.


Ronald D. Arena or John Rowinski
Training Director Training Manager

Chem Scope, Inc.
15 Moulthrop Street
North Haven CT 06473
(203) 865-5605



Your Essential
Connection

RETAIN FOR YOUR RECORDS

June 1, 2001

Counter ID: 8237
Organization ID: 100122

Gregory Kaczynski
TRC Environmental Corporation
5 Waterside Crossing
Windsor, CT 06095

Dear :Analyst

Congratulations! The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing in the Asbestos Analysts Registry (AAR). This Board Approval takes effect today and is current as long as you maintain two or less outliers in the two most current consecutive Asbestos Analytical Testing (AAT) rounds. This is the only time AIHA requires that you be on the AAB Ballot.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable." To regain your Board Approval, your options are:

- 1) Purchase the current round retest to override the results, or:
- 2) Analyze the next two AAT rounds and again meet Board Approval qualifications.

If you foresee non-participation in a future AAT round, AIHA requires a letter requesting a suspension from that round to retain the Board Approval status before the date that results are due for that particular round.

For your information:

- 1) You automatically lose Board Approval status when you cease analyzing AAT samples with your organization.
- 2) If you transfer to an unapproved organization, you immediately lose Board Approval status.

Congratulations again and thank you for your continued interest in the Asbestos Analysts Registry program. If you have any questions concerning your status, please call me.

Sincerely,

Gary E. Coates
Laboratory Accreditation Specialist



LABORATORY QUALITY
ASSURANCE PROGRAMS

SOUND DATA

SMART DECISIONS

AIHA

Your Essential Connection:
Advancing Occupational and Environmental Health
and Safety Globally

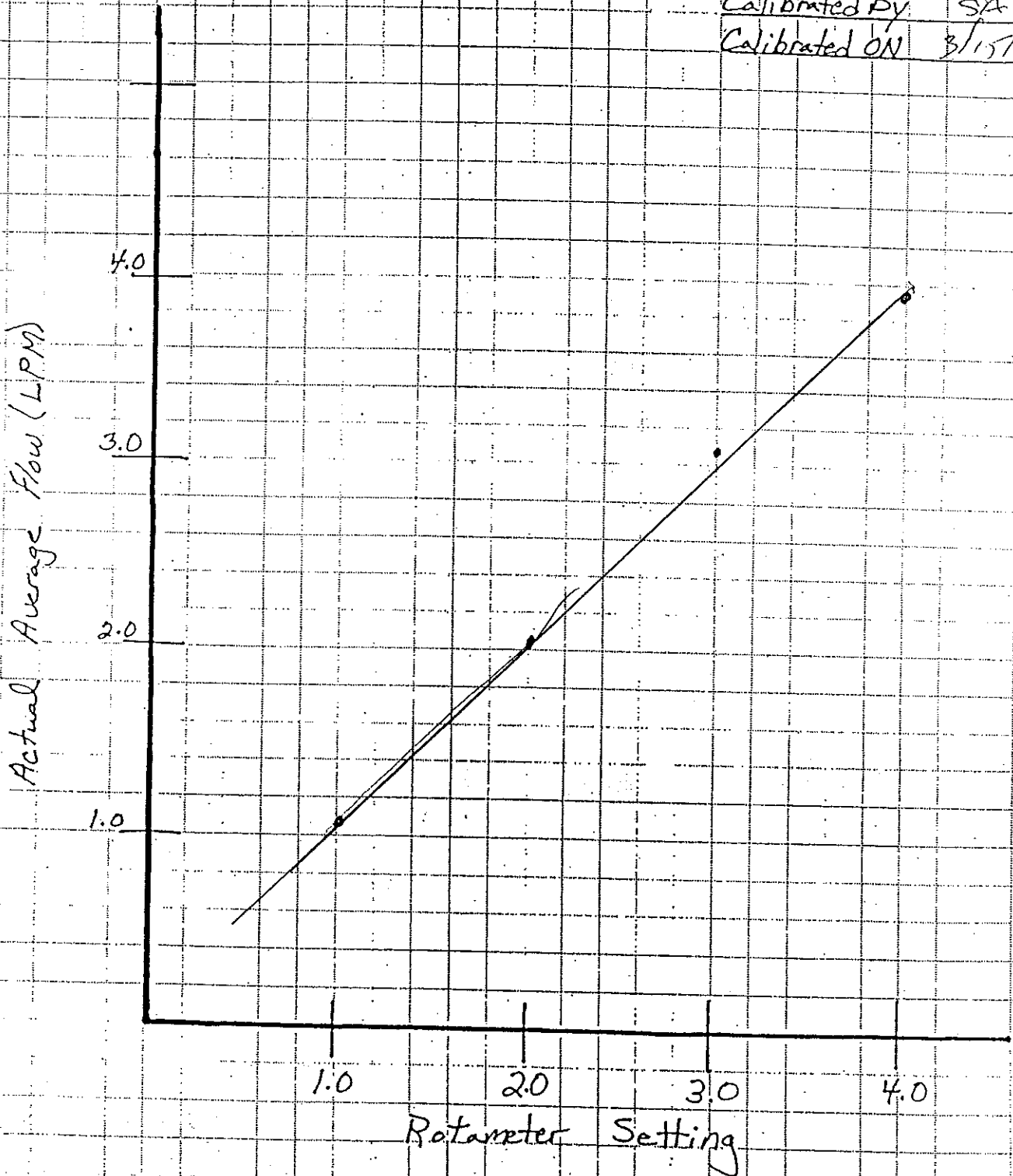
2700 Prosperity Ave., Suite 250, Fairfax, VA 22031 U.S.A.
(703) 849-8888; Fax (703) 207-8558; www.aiha.org

APPENDIX F
EQUIPMENT CALIBRATION DATA

SUBJECT (Low Flow) Rotameter Calibration

(Calibrate to center of ball)

Rotameter # L-41
Calibrated By SA
Calibrated ON 3/15/07



TRC

TRC Environmental

Note: Rotameter Calibrated using
Center of Ball.

Calibrated with Primary Standard
Electronic Dry-CAL DC-1 meter
Model: DC-1 Bios International Corp.
S/N TRC-

SHEET NO. 1 OF 2

PROJECT NO. _____

DATE _____

BY _____

CHK'D _____

SUBJECT Hi-flow Rotameter Calibration

Rotameter Setting	TRIAL 1	TRIAL 2	TRIAL 3	TRIAL 4	TRIAL 5		Average Flow LPM
4	3.850	4.340	3.977	4.220	3.970	X	4.071
8	8.248	8.262	8.275	8.290	8.259	X	8.267
12	12.26	12.17	12.04	12.08	12.15	X	12.14
16	16.32	16.38	15.97	16.16	16.20	X	16.21

ROTAMETER # H-33
CALIBRATED BY Kew
DATE 11/10/06
TEMPERATURE 23C

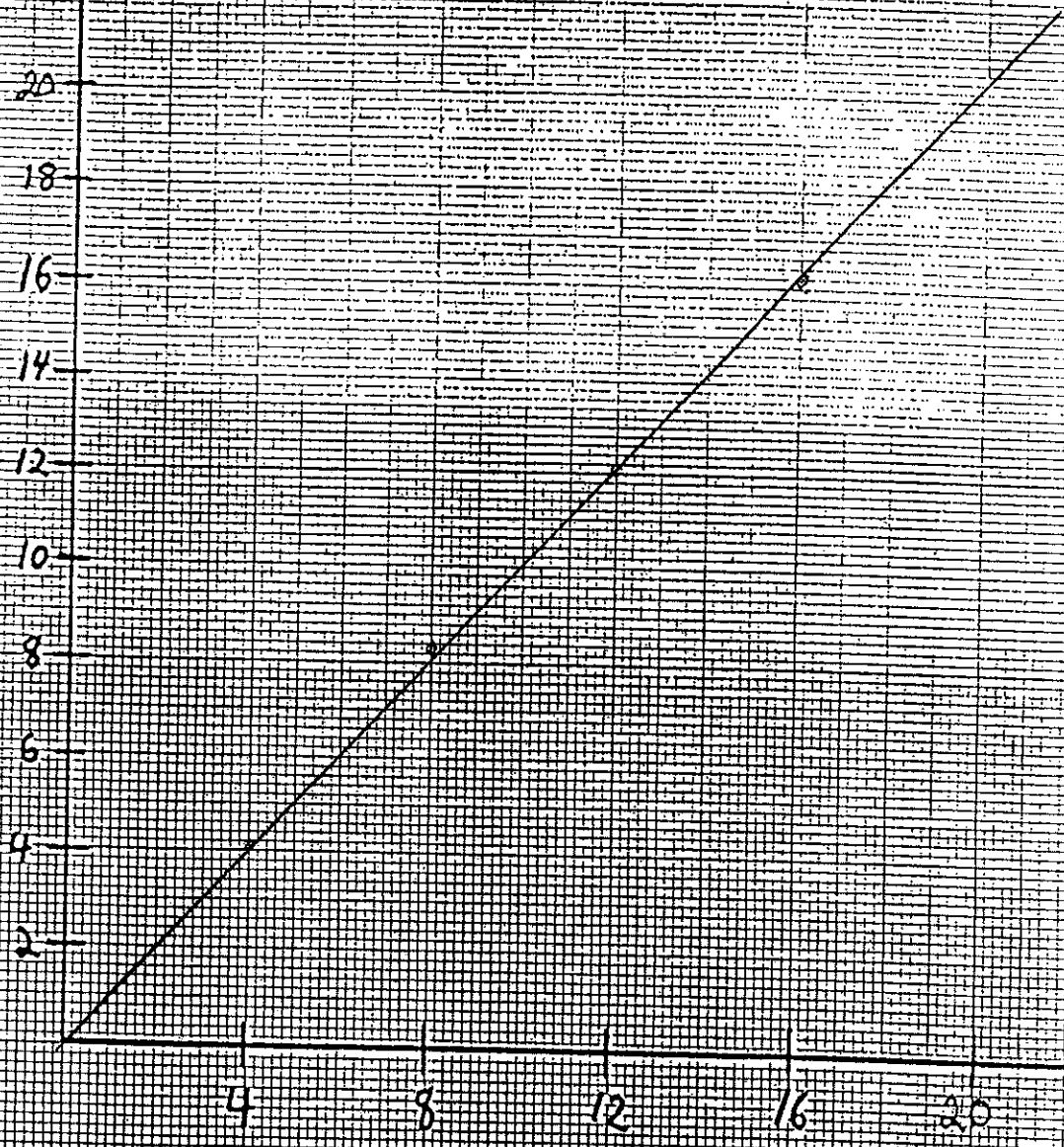
* LPM = Liters Per Minute

measured using LENSEX or ball

Hi-flow Rotameter

Rotameter # H-33
Calibrated ON 11/10/04
BY WJW

Actual (Flow Rate) (LPM)



Rotameter Setting

.PCM

APPENDIX G
LABORATORY ANALYTICAL CERTIFICATIONS

State of Connecticut, Department of Public Health

Approved Environmental Laboratory

THIS IS TO CERTIFY THAT THE LABORATORY DESCRIBED BELOW HAS BEEN APPROVED BY THE STATE DEPARTMENT OF PUBLIC HEALTH PURSUANT TO APPLICABLE PROVISIONS OF THE PUBLIC HEALTH CODE AND GENERAL STATUTES OF CONNECTICUT, FOR MAKING THE EXAMINATIONS, DETERMINATIONS OR TESTS SPECIFIED BELOW WHICH HAVE BEEN AUTHORIZED IN WRITING BY THAT DEPARTMENT.

TRC ENVIRONMENTAL CORPORATION

LOCATED AT 21 Griffin Road North IN Windsor, CT 06095

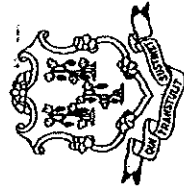
AND REGISTERED IN THE NAME OF Richard A. Love

THIS CERTIFICATE IS ISSUED IN THE NAME OF Henry Laliberte WHO HAS BEEN DESIGNATED BY THE REGISTERED OWNER/AUTHORIZED AGENT TO BE IN CHARGE OF THE LABORATORY WORK COVERED BY THIS CERTIFICATE OF APPROVAL AS FOLLOWS:

ASBESTOS
AIR-FIBER COUNTING - PCM
BULK IDENTIFICATION - PLM

SEE COMPUTER PRINT-OUT FOR SPECIFIC TESTS APPROVED

THIS CERTIFICATE EXPIRES December 31, 2007 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH DATED AT HARTFORD, CONNECTICUT, THIS 22ND DAY OF DECEMBER 2005



Registration
No.

PH- 0426

Elena J. Blaschinski
CHIEF, REGULATORY SERVICES BRANCH



The American Industrial Hygiene Association



acknowledges that

TRC Environmental Corporation

21 Griffin Road North, Windsor, CT 06095
Laboratory ID: 100122

has fulfilled the requirements of the AIHA Laboratory Quality Assurance Programs (LQAP), thereby, conforming to the ISO/IEC 17025:1999 international standard, *General Requirements for the Competence of Testing and Calibration Laboratories*. The above named laboratory, along with all premises from which key activities are performed, as listed above, have been accredited by AIHA in the following:

ACCREDITATION PROGRAMS

- INDUSTRIAL HYGIENE
 - ENVIRONMENTAL LEAD
 - ENVIRONMENTAL MICROBIOLOGY
 - FOOD
- Accreditation Expires: 02/01/2008
- Accreditation Expires:
- Accreditation Expires:
- Accreditation Expires:

Specific Field(s) of Testing (FoT)/Method(s) within each Accreditation Program for which the above named laboratory maintains accreditation is outlined on the attached **Scope of Accreditation**. Continued accreditation is contingent upon successful on-going compliance with LQAP requirements. This certificate is not valid without the attached **Scope of Accreditation**.

David Kahane, CIH
Chairperson, Analytical Accreditation Board

Roy M. Buchan, DrPH, CIH
President, AIHA

Date Issued: 2/24/2006

APPENDIX H
ASBESTOS AIR SAMPLE ANALYSIS AND
CHAIN-OF-CUSTODY DATA

AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 85100-590000003 DATE: 3/15/07 PG. 1 OF 1
 SAMPLER PRINT: S. Arieti SIGNATURE: [Signature] DATE: 3/15/07
 ANALYST PRINT: S. Arieti SIGNATURE: [Signature] DATE ANALYZED: 3/15/07
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: 3/27/07
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: [Signature]
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

ROTMETER NO.: L-41 DATE OF CALIBRATION: 3/15/07 LAB NO.: 33529
 SAMPLE TYPE: PCM TEM OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA
 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	01-5900	02-5900	03-5900	04-5900	05-5900
SAMPLING LOCATION/ COMMENTS	Front Lobby Near old Security Desk	Fair West Corridor	1/5 Room 110	Blank	Blank
TYPE OF SAMPLE	2	2	2/3		
PUMP NUMBER					
START TIME/STOP TIME	0830/1431	0830/1432	0835/1455		
TOTAL TIME (min)	361	362	360		
FLOW RATE	2.3 / 2.3	2.3 / 2.3	2.3 / 2.3		
TOTAL VOLUME (l)	830	833	878		
FB - BFB FL - BFL	18/100	8/100	25/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.011 ✓	0.005 ✓	0.015 ✓		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: [Signature] DATE: 03/27/07 TIME: _____
 RECEIVED BY: [Signature] DATE: 3/27/07 TIME: 0730
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

TRC LABORATORY ASBESTOS ANALYTICAL CERTIFICATIONS
 CT # PH-0426 MA # AA000052 NY # 10980 RI # AAL-007C3 VT # AL014538 AIHA/PAT # 100122 NVLAP # 101424-0
 ME # LB-0071 VA # 3333000283 TX # 300354
 Condition of Sample: OK
 Acceptable: Y N
 Comments: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW
 SITE: 30 Trinity Street (Rm 110)
 ADDRESS: Hartford, CT

CONTACT/NAME: Don LePage
 PHONE NO.: (860) 298-6222

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

PROJECT NO.: 43520-5900003 DATE: 3/16/07 PG 1 OF 1
 SAMPLER PRINT: S. Arieli SIGNATURE: [Signature] DATE ANALYZED: 3/15/07
 ANALYST PRINT: S. Arieli SIGNATURE: [Signature] DATE ANALYZED: 3/15/07
 QC ANALYST PRINT: William SIGNATURE: [Signature] DATE ANALYZED: 3/15/07
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: 3/15/07
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: 3/15/07

ROTOMETER NO.: L-41 DATE OF CALIBRATION: 3/15/07 LAB NO.: 33529
 SAMPLE TYPE: X PCM TEM OTHER (SPECIFY) _____
 ANALYSIS METHOD: X NIOSH 7400 AHERA OTHER (SPECIFY) _____
 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	06-5900	07-5900	08-5900	09-5900	10-5900	17-5900
SAMPLING LOCATION/ COMMENTS	Front Lobby Near Old Security Desk	Far West Corridor Near Critical Barrier	1/s Room 110	Yes Air Exhaust	Black	Black
TYPE OF SAMPLE	2	2	2/3	2/4		
PUMP NUMBER						
START TIME/STOP TIME	0726/1314	0727/1314	0728/1313	0733/1316		
TOTAL TIME (min)	348	347	375	373		
FLOW RATE	2.4/2.4	2.4/2.4	2.3/2.3	2.3/2.3		
TOTAL VOLUME (l)	835	833	794	789		
FB - BFB FL - BFL	12/100	5/100	25/100	1/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.007	nd<0.003	0.015	nd<0.003		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND< = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: [Signature] DATE: 03/27/07 TIME: _____
 RECEIVED BY: [Signature] DATE: 3/27/07 TIME: 0730
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: CT OPW
 SITE: 30 Trinity St (Rm 16)
 ADDRESS: Hartford, CT

PROJECT NO.: Y3500-5700-0003 DATE: 3/19/07 PG 1 OF 1
 SAMPLER PRINT: S. Ar. et. SIGNATURE: [Signature] DATE: 3/19/07
 ANALYST PRINT: S. Ar. et. SIGNATURE: [Signature] DATE ANALYZED: 3/19/07
 QC ANALYST PRINT: K. Williams SIGNATURE: [Signature] DATE: 3/19/07
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED: 3/19/07
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature] DATE: 3/19/07

ROTOMETER NO.: 6-91 DATE OF CALIBRATION: 3/15/07 LAB NO.: 33529
 SAMPLE TYPE: PCM TEM: _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 AHERA _____
OC-1/1000 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	12-5700	13-5700	14-5700	15-5700	16-5700
SAMPLING LOCATION/ COMMENTS	Front Lobby 1st floor	Front West hallway 1st floor	Back Air Exhaust	Blank	Blank
TYPE OF SAMPLE	2	2	2/1		
PUMP NUMBER					
START TIME/STOP TIME	0720/1420	0720/1420	0722/1422		
TOTAL TIME (min)	420	420	420		
FLOW RATE	2.3/2.3	2.3/2.3	2.3/2.3		
TOTAL VOLUME (l)	966	966	966		
FB - BFB FL - BFL	12/100	8/100	0/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.006	0.004	ndk 0.003		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND< = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: [Signature] DATE: 03/17/07 TIME: _____
 RECEIVED BY: K. Williams DATE: 3/27/07 TIME: 0730
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____



AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DPW
 SITE: 30 Trinity St. (Rm 110)
 ADDRESS: Hartford, CT

CONTACT/NAME: Don LePage
 PHONE NO.: (860) 298-6222

Intra- and interlaboratory relative standard deviation quality control information is available in the laboratory.

PROJECT NO.: 7300-5700-00005 DATE: 5/20/07 PG. 1 OF
 SAMPLER PRINT: S. Ariani SIGNATURE: [Signature] DATE ANALYZED: 3/20/07
 ANALYST PRINT: S. Ariani SIGNATURE: [Signature] DATE ANALYZED: 3/20/07
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED:
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED:
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED:

ROTMETER NO.: L-71 DATE OF CALIBRATION: 3/15/07 LAB NO.: 33529
 SAMPLE TYPE: PCM TEM OTHER (SPECIFY)
 ANALYSIS METHOD: NIOSH 7400 AHERA OTHER (SPECIFY)
 Issue 2 8/15/94

SAMPLE NO.	17-5900	18-5900	19-5900	20-5900	21-5900	22-5900
SAMPLING LOCATION/ COMMENTS	o/s deen entrance Rm 110	o/s critical Frank Lobby	Neg Air Exhaust	Sock Hallway by Elevator	Blank	Blank
TYPE OF SAMPLE	Y	Y	Y	Y		
PUMP NUMBER	14	14	14	14		
START TIME/STOP TIME	0717/0720	0717/0720	0718/0722	0720/0720		
TOTAL TIME (min)	423	423	424	420		
FLOW RATE	2.3 / 2.3	2.4 / 2.4	2.4 / 2.4	2.3 / 2.3		
TOTAL VOLUME (l)	973	1015	1018	966		
FB - BFB FL - BFL	6/100	10/100	2/100	11/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.003 * ✓	0.005 * ✓	nd < 0.003 * ✓	0.006 * ✓		

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD * all well below OSHA PEL *
 RELINQUISHED BY: [Signature] DATE: 3/27/07 TIME:
 RECEIVED BY: [Signature] DATE: 3/27/07 TIME: 0730
 RELINQUISHED BY: DATE: TIME:
 RECEIVED BY: DATE: TIME:



AIR SAMPLE ANALYSIS REPORT

CLIENT: CT DAW
 SITE: 30 Trinity Street
 ADDRESS: Hartford, CT
 CONTACT/NAME: Don LePage
 PHONE NO.: (860) 298-6222

PROJECT NO.: 43700-5700-0003 DATE: 3/21/07 PG OF
 SAMPLER PRINT: S. Ariani SIGNATURE: [Signature] DATE ANALYZED: 03/21/07
 ANALYST PRINT: Kara Sweeney SIGNATURE: [Signature] DATE:
 QC ANALYST PRINT: K. Williams SIGNATURE: [Signature] DATE:
 LAB SUPERVISOR PRINT: H. Lelbach SIGNATURE: [Signature] DATE ISSUED:
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature] DATE:
 ROTOMETER NO.: L-41 DATE OF CALIBRATION: 3/15/07 LAB NO.: 33529
 SAMPLE TYPE: Y PCM TEM OTHER (SPECIFY)
 ANALYSIS METHOD: X NIOSH 7400 AHERA
QC-1/07 Issue 2 8/15/94

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

SAMPLE NO.	23-5700	24-5700	25-5700	26-5700	27-5700	28-5700
SAMPLING LOCATION/ COMMENTS	o/s decon entrance Rm 110	o/s Critical Front Lobby	o/s Air Exhaust	South Hallway by Elevator	Blank	Blank
TYPE OF SAMPLE	4	4	4	4		
PUMP NUMBER						
START TIME/STOP TIME	0652/1402	0650/1401	0651/1400	0652/1403		
TOTAL TIME (min)	430	431	429	429		
FLOW RATE	2.3/2.3	2.4/2.4	2.7/2.4	2.3/2.3		
TOTAL VOLUME (l)	989	1034	1030	987		
FB - BFB. FL - BFL	14/100	10/100	0/100	8/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.008	0.005	ND < 0.003	0.004		

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.065 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: [Signature] DATE: 03/27/07 TIME:
 RECEIVED BY: K. Williams DATE: 3/27/07 TIME: 0730
 RELINQUISHED BY: DATE: TIME:
 RECEIVED BY: DATE: TIME:



AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 43506-S900-00003 DATE: 03/22/07 PG. OF

SAMPLER PRINT: Kara Sweeney SIGNATURE: Kara Sweeney DATE: 03/22/07

ANALYST PRINT: Kara Sweeney SIGNATURE: Kara Sweeney DATE ANALYZED: 03/22/07

QC ANALYST PRINT: K.W. Williams SIGNATURE: K.W. Williams DATE ANALYZED: _____

LAB SUPERVISOR PRINT: H. LePage SIGNATURE: H. LePage DATE ISSUED: _____

QC MANAGER PRINT: _____ SIGNATURE: _____ DATE _____

ROTOMETER NO.: L-41 DATE OF CALIBRATION: 8/15/07 LAB NO.: 33529

SAMPLE TYPE: X PCM _____ TEM _____ OTHER (SPECIFY) _____

ANALYSIS METHOD: X NIOSH 7400 _____ AHERA _____ OTHER (SPECIFY) _____

Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

SAMPLE NO.	30-S900	31-S900	32-S900	33-S900	34-S900
SAMPLING LOCATION/ COMMENTS	o/s critical front lobby	South hallway by elevator	neg air exhaust	Blank	Blank
TYPE OF SAMPLE	4	4	4		
PUMP NUMBER					
START TIME/STOP TIME	0706 / 1424	0707 / 1426	0709 / 1427		
TOTAL TIME (min)	430	439	438		
FLOW RATE	2.4 / 2.4	2.4 / 2.4	2.4 / 2.4		
TOTAL VOLUME (l)	1051	1054	1051		
FB - BFB FL - BFL	14/100	11/100	1/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	0.1007	0.005	ND<0.003		

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

CONTACT/NAME: Dan LePage

PHONE NO.: 860-298-6222

STANDARDS

≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria

0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)

1.0 f/cc - OSHA 30 min. Excursion Level

ND< = Non-Detected, Less Than the Limit of Detection

Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD

RELINQUISHED BY: _____ DATE: 03/27/07 TIME: _____

RECEIVED BY: K.W. Williams DATE: 3/27/07 TIME: 0730

RELINQUISHED BY: _____ DATE: _____ TIME: _____

RECEIVED BY: _____ DATE: _____ TIME: _____

AIR SAMPLE ANALYSIS REPORT

PROJECT NO.: 43500-S900-00003 DATE: 03/23/07 PG. OF
 SAMPLER PRINT: Kara Sweeney SIGNATURE: [Signature] DATE ANALYZED: 03/23/07
 ANALYST PRINT: Carl Karpis SIGNATURE: [Signature] DATE ANALYZED:
 QC ANALYST PRINT: [Signature] SIGNATURE: [Signature] DATE ANALYZED: 03/27/07
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: [Signature] DATE ISSUED:
 QC MANAGER PRINT: [Signature] SIGNATURE: [Signature]

ROTOMETER NO.: L-41 DATE OF CALIBRATION: 03/15/07 LAB NO.: 33529
 SAMPLE TYPE: X PCM TEM OTHER (SPECIFY)
 ANALYSIS METHOD: X NIOSH 7400 AHERA OTHER (SPECIFY)
 Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance
Q/C 14/100 982

SAMPLE NO.	35-S900	36-S900	37-S900	38-S900	39-S900	40-S900
SAMPLING LOCATION/ COMMENTS	o/s critical front lobby	o/s decon entrance mm 110	South hallway by elevator	negative air exhaust	Blank	Blank
TYPE OF SAMPLE	4	4	4	4		
PUMP NUMBER						
START TIME/STOP TIME	0701 / 138	0701 / 138	0702 / 138	0704 / 1322		
TOTAL TIME (min)	377	377	376	378		
FLOW RATE	2.4 / 2.4	2.4 / 2.4	2.4 / 2.4	2.4 / 2.4		
TOTAL VOLUME (l)	905	905	902	907		
FB - BFB FL - BFL	13/100	14/100	16/100	2/100	0/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	1007	1008	1009	NDK-003		

Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

CONTACT/NAME: Don LePage
 PHONE NO.: 860-298-6222

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND< = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: [Signature] DATE: 03/27/07 TIME:
 RECEIVED BY: [Signature] DATE: 3/27/07 TIME: 0730
 RELINQUISHED BY: DATE: TIME:
 RECEIVED BY: DATE: TIME:



AIR SAMPLE ANALYSIS REPORT

CLIENT: DPW PROJECT NO.: 43500-5900-0003 DATE: 03/26/07 PG. OF _____
 SITE: 30 Trinity St SAMPLER PRINT: [Signature] SIGNATURE: _____ DATE ANALYZED _____
 ADDRESS: Hartford, CT ANALYST PRINT: [Signature] SIGNATURE: _____ DATE ANALYZED _____
 QC ANALYST PRINT: [Signature] SIGNATURE: _____ DATE ANALYZED _____
 LAB SUPERVISOR PRINT: [Signature] SIGNATURE: _____ DATE ISSUED _____
 QC MANAGER PRINT: [Signature] SIGNATURE: _____ DATE ISSUED _____

CONTACT/NAME: _____ ROTOMETER NO.: 800 #33 DATE OF CALIBRATION: 4/10/06 LAB NO.: 33529
 PHONE NO.: _____ SAMPLE TYPE: PCM _____ TEM _____ OTHER (SPECIFY) _____
 ANALYSIS METHOD: NIOSH 7400 _____ AHERA _____ OTHER (SPECIFY) _____
Issue 2 8/15/94

TYPE OF SAMPLE: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance
 Intra- and Interlaboratory relative standard deviation quality control information is available in the laboratory.

SAMPLE NO.	41-5900	42-5900	43-5900	44-5900	45-5900	46-5900	47-5900
SAMPLING LOCATION/ COMMENTS	FC Clearance Samples for Rm 110						
TYPE OF SAMPLE	contaminant - FT/Mastic						
PUMP NUMBER	6	6	6	6	6	6	6
START TIME/STOP TIME	0720/0840	0720/0840	0720/0840	0720/0840	0720/0840	0720/0840	0720/0840
TOTAL TIME (min)	80	80	80	80	80	80	80
FLOW RATE	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL VOLUME (l)	1200	1200	1200	1200	1200	1200	1200
FB - BFB FL - BFL	3/100	3/100	3/100	4/100	2/100	2/100	0/100
AIRBORNE FIBER CONC. (fibers/cc)	NDL.002	NDL.002	NDL.002	NDL.002	NDL.002	NDL.002	NDL.002

STANDARDS
 ≤ 0.01 f/cc - EPA Re-Occupancy Clearance Criteria
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr TWA)
 1.0 f/cc - OSHA 30 min. Excursion Level
 ND < = Non-Detected, Less Than the Limit of Detection
 Limit of Detection = 0.055 fibers/field

CHAIN OF CUSTODY RECORD
 RELINQUISHED BY: [Signature] DATE: 03/27/07 TIME: _____
 RECEIVED BY: [Signature] DATE: 3/27/07 TIME: 0730
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED BY: _____ DATE: _____ TIME: _____

APPENDIX I
ASBESTOS WASTE SHIPMENT RECORDS



60606J2
E.P.A. AGENCY

40DH
1928

CT, MA, RI, VT, NH, ME
GENERATORS

NY GENERATORS

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

EMERGENCY RESPONSE
TELEPHONE
#1-800-750-3460

Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Manifest Number 201-2743 P.O. # _____

Contractor Petco Insulation Co., Inc.

Address 88 Farwell Street

City West Haven State CT Zip 06516

Telephone Number 203-934-3926

Estimated Container Del. 3/1/07 Date of Pickup 4/11/07

Type of Container 40 yd

Volume 2.72 CY Friable Non-Friable

MUST BE IN CUBIC YARDS

Package Drum Wrapped Other

RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

State of CT, DPW

Address 165 Capitol Ave

City Hartford State CT Zip 06106

Phone Number _____

GENERATING LOCATION

Secretary of State Bldg, Rm 110

Address 30 Trinity St.

City Hartford, CT State _____ Zip _____

Phone Number _____

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE [Signature]

Transporter 1: _____
Name _____ Address _____ Telephone # _____

Signature _____ Registration #: _____ Date: _____
Acknowledgement of receipt of materials. State / # _____

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Signature _____ Registration #: _____ Date: _____
Acknowledgement of receipt of materials. State / # _____

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Name Matt DeBaise Address _____ Telephone # _____
Signature _____ Registration #: 42187A-CT Date: 4/17/07
Acknowledgement of receipt of materials. State / # _____

Site **Modern Landfill** Site **BFI Imperial Landfill** Site _____

Address: 4400 Mount Pisgah Road Address: 11 Boggs Road Address: _____

York, PA 17402 Imperial, PA 15126

Phone: 717-246-4615 Phone: 724-695-0900/L15Y43756 Phone: _____

Certification of receipt of materials covered by this manifest.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
[Signature] [Signature] 4/17/07
Name of Authorized Agent Signature Receipt Date



3 Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

Wolcott
E.P.A. AGENCY

CT, MA, RI, VT, NH, ME
GENERATORS

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

1929

EMERGENCY RESPONSE
TELEPHONE
#1-800-750-3460

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 201-2743 P.O. # _____
 Contractor Petco Insulation Co., Inc.
 Address 88 Farwell Street
 City West Haven State CT Zip 06516
 Telephone Number 203-934-3926
 Date Container Del. 3/2/07 Date of Pickup 4/11/07
 Type of Container 40 yd
 VOLUME 3,03 CY Friable Non-Friable
 MUST BE IN CUBIC YARDS
 Bag Drum Wrapped Other
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
 State of CT, DPW
 Address 165 Capitol Ave
 City Hartford State CT Zip 06106
 Phone Number _____

GENERATING LOCATION
 Secretary of State Bldg, Rm 110
 Address 30 Trinity St.
 City Hartford State CT Zip _____
 Phone Number _____

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE *D. Pardo*

Transporter 1: _____
 Name _____ Address _____ Telephone # _____
 Signature _____ Registration # _____ State / # _____ Date: _____
 Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
 Signature _____ Registration # _____ State / # _____ Date: _____
 Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
 Name Matt DeBause Address _____ Telephone # _____
 Signature _____ Registration # 42187A CT State / # _____ Date: 4.17.07
 Acknowledgement of receipt of materials.

Modern Landfill Site **BFI Imperial Landfill** Site _____
 Address: 4400 Mount Pisgah Road Address: 11 Boggs Road Address: _____
York, PA 17402 Imperial, PA 15126
 Phone: 717-246-4615 Phone: 724-695-0900/L15Y43756 Phone: _____
 Certification of receipt of materials covered by this manifest.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
T. Sherbine Signature *T. Sherbine* Receipt Date 4/17/07
 Name of Authorized Agent



3 Barker Drive • Wallingford, CT 06492
(203) 269-8300 • Fax: (203) 269-8600

CT, MA, RI, VT, NH, ME
GENERATORS

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

606062 L (284)
E.P.A. AGENCY

NY GENERATORS

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 637-3000

40
1913

EMERGENCY RESPONSE
TELEPHONE
#1-800-750-3460

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 201-2743 P.O. # _____
 Contractor Petco Insulation Co., Inc.
 Address 88 Farwell Street
 City West Haven State CT Zip 06516
 Telephone Number 203-934-3926
 Date Container Del. 3/16/07 Date of Pickup 4/12/07
 Type of Container 40 yd
 VOLUME 3.88 CY Friable Non-Friable
 MUST BE IN CUBIC YARDS
 Bag Drum Wrapped Other
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
 State of CT, DPW
 Address 165 Capital Ave.
 City Hartford, CT State 06106 Zip _____
 Phone Number _____

GENERATING LOCATION
 Secretary of State Bldg, Rm 110
 Address 30 Trinity Street
 City Hartford, CT State _____ Zip _____
 Phone Number _____

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE [Signature]

Transporter 1: _____
 Name _____ Address _____ Telephone # _____
 Driver: _____
 Signature _____ Registration # _____ State / # _____ Date: _____
 Acknowledgement of receipt of materials.

Transporter 2: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
 Driver: _____
 Signature _____ Registration # _____ State / # _____ Date: _____
 Acknowledgement of receipt of materials.

Transporter 3: TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300
 Name _____ Address _____ Telephone # _____
 Driver: Ken Edmister Registration # 42187A CT Date: 4-13-07
 Signature _____ State / # _____
 Acknowledgement of receipt of materials.

Site **Modern Landfill** Site **BFI Imperial Landfill**
 Address: 4400 Mount Pisgah Road Address: 11 Boggs Road
York, PA 17402 Imperial, PA 15126
 Phone: 717-246-4615 Phone: 724-695-0900/L15Y43756 Phone: _____
 Certification of receipt of materials covered by this manifest.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 4/17/07